

2024 Grant Work Plan

Department: #36 Superior Court/Juvenile Court Operations Fund: 130 Program: 50936731(10-80)

Purpose of Grant: Consolidated Juvenile Services. This is a Probation Services Grant for a variety of programs and disposition alternatives including Non categorized, Risk Assessment, Chemical Dependency Mental Health (CDMHDA) and Sex Offender (SSODA) disposition alternatives, Community Juvenile Accountability Alternative (CJAA) programs and Juvenile Justice Reform dollars.

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other

Grant Term: From 7/1/2023 to 6/30/2025

Grantor: Department of Social and Health Services (Rehab Admin) Grant Award **\$2,802,123**

Is match required: Yes No If yes, match amount required: _____

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

| | | |
|-------|-----------|--------------|
| _____ | DAC _____ | Amount _____ |
| _____ | DAC _____ | Amount _____ |

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|---------------------------------------|
| Total Resources \$2,802,123 |
|---------------------------------------|

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$2,802,123

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

| # FTEs | Classification |
|------------|----------------|
| _____ | _____ |
| _____ | _____ |
| Total FTEs | _____ |

2. Pass Thru (Estimated cost) \$ _____

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| Total Expenditures \$2,802,123 |
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2024 Grant Work Plan

Department: #36 Superior Court/Juvenile Court Operations Fund: 130 Program: 5093673350

Purpose of Grant: Community Juvenile Accountability Act Block Grant Evidence Based Expansion. This is an expansion of the Consolidated Juvenile Services Grant that already exists. These additional dollars provide for more evidence based programming such as Functional Family Therapy and Coordination of Services through the Community Juvenile Accountability Act (CJAA).

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other

Grant Term: From 7/1/2023 to 6/30/2025

Grantor: Department of Social and Health Services (Rehab Admin) Grant Award **\$896,512**

Is match required: Yes No If yes, match amount required: _____

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

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| _____ | DAC _____ | Amount _____ |
| _____ | DAC _____ | Amount _____ |

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| Total Resources \$896,512 |
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$896,512

Who will complete the work? Existing FTE(s) Existing project FTE(s) x New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

| | # FTEs | Classification |
|------------|--------|----------------|
| | _____ | _____ |
| | _____ | _____ |
| Total FTEs | _____ | |

2. Pass Thru (Estimated cost) \$ _____

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| Total Expenditures \$896,512 |
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2024 Grant Work Plan

Department: #36 Superior Court – Superior Court Operations Fund: 130 Program: 54036746

Purpose of Grant: Family Juvenile Court Improvement Plan. Snohomish County receives funding to operate a program that works to consolidate and coordinate dependency court proceedings so as to both consolidate processes and minimize the time that it takes for proceedings to occur.

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other

Grant Term: From 7/1/2023 to 6/30/2024

Grantor: Administrative Office of the Courts

Grant Award **\$120,464**

Is match required: Yes No If yes, match amount required: _____

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

| | | |
|-------|-----------|--------------|
| _____ | DAC _____ | Amount _____ |
| _____ | DAC _____ | Amount _____ |

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|---|
| Total Resources \$120,464 |
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$120,464

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

| | # FTEs | Classification |
|------------|--------|----------------|
| | _____ | _____ |
| | _____ | _____ |
| Total FTEs | _____ | |

2. Pass Thru (Estimated cost) \$ _____

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| Total Expenditures \$120,464 |
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2024 Grant Work Plan

Department: Superior Court/Admin Fund: 002 Program: 336750 0121

Purpose of Grant Partial reimbursement of interpreter costs.

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other

Grant Term: From 7/1/23 to 6/30/25

Grantor: WA State Administrative
Office of the Court

Grant Award **\$250,096**

Is match required: Yes No If yes, match amount required: _____

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

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|-------|-----------|--------------|
| _____ | DAC _____ | Amount _____ |
| _____ | DAC _____ | Amount _____ |

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| Total Resources \$250,096 |
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EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$250,096

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

| | # FTEs | Classification |
|------------|--------|----------------|
| | _____ | _____ |
| | _____ | _____ |
| Total FTEs | _____ | |

2. Pass Thru (Estimated cost) \$ _____

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| Total Expenditures \$250,096 |
|--|

2024 Grant Work Plan

Department: #36 Superior Court/Juvenile Court Operations Fund: 130 Program: 353740

Purpose of Grant: Juvenile Detention Alternative Initiative (JDAI). To address the efficiency and effectiveness of our juvenile detention facility by following the national principles to reduce incarceration rates and disproportionality of juvenile offenders in secure facilities.

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other

Grant Term: From 7/1/2023 to 6/30/2025

Grantor: DSHS – Office of Juvenile Justice

Grant Award **\$56,000**

Is match required: Yes No If yes, match amount required: _____

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

| | | |
|-------|-----------|--------------|
| _____ | DAC _____ | Amount _____ |
| _____ | DAC _____ | Amount _____ |

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|------------------------------------|
| Total Resources \$56,000 |
|------------------------------------|

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$56,000

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

| | # FTEs | Classification |
|------------|--------|----------------|
| | _____ | _____ |
| | _____ | _____ |
| Total FTEs | _____ | |

2. Pass Thru (Estimated cost) \$ _____

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|---------------------------------------|
| Total Expenditures \$56,000 |
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