
Department Name and #: Prosecuting Attorney

Division and Fund #: Criminal, Fund 118

Dept Program Name and #: Victim Witness Assistance, Program 570

Grant Title: SFY 2027 Victim Witness Assistance Grant

Purpose of grant (Brief description of work to be performed): The Victim Witness Assistance Grant from the WA State Dept. of Commerce, Office of Crime Victim Advocacy, supports two of our Victim Witness Advocates.

Existing/ongoing program: ☒ Yes New Program: ☐ Yes

Source of grant funding: Federal ☐ State ☒ Local ☐ Other ☐

Grant Term: From July 1, 2026 To: June 30, 2027

Grantor: WA State Dept. of Commerce

Grant Award: \$69,029.00

Is match required: ☐ Yes ☒ No If yes, match amount required: \$ _____

Match Source (General Fund, Patient Fees, In-Kind, etc.): _____

If County-funded match, enter Charge Code Title and # below.

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$69,029.00

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$69,029.00

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: \$0

Total Expenditures: \$69,029.00
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Department Name and #: Prosecuting Attorney

Division and Fund #: Criminal, Fund 130

Dept Program Name and #: STOP Grant, Program 524

Grant Title: STOP Violence Against Women Formula Grant

Purpose of grant (Brief description of work to be performed): The STOP grant supports improvements in the community response to violence against women.

Existing/ongoing program: ☒ Yes New Program: ☐ Yes

Source of grant funding: Federal ☒ State ☐ Local ☐ Other ☐

Grant Term: From January 1, 2026 To: December 31, 2026

Grantor: WA State Dept. of Commerce Grant Award: \$40,135.00

Is match required: ☒ Yes ☐ No If yes, match amount required: \$_____

Match Source (General Fund, Patient Fees, In-Kind, etc.): _____

If County-funded match, enter Charge Code Title and # below.

Charge Code Title and # General Fund (OpT) 130.307315249700 Amount: \$10,034.00

Charge Code Title and # _____ Amount: \$_____

Total Resources: \$50,169.00

EXPENDITURES

3. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$50,169.00

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: _____

4. Pass-Thru Estimated cost: \$0

Total Expenditures: \$50,169.00
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Department Name and #: Prosecuting Attorney

Division and Fund #: Criminal, Fund 130

Dept Program Name and #: DUI Rush Grant, Program 527

Grant Title: 2026-27 DUI Rush Grant

Purpose of grant (Brief description of work to be performed): The DUI Rush Grant supports two Criminal Deputy Prosecuting Attorney positions that expedite referrals and cases involving DUI charges.

Existing/ongoing program: ☒ Yes New Program: ☐ Yes

Source of grant funding: Federal ☐ State ☒ Local ☐ Other ☐

Grant Term: From July 1, 2026 To: June 30, 2027

Grantor: WA Association of Prosecuting Attorneys Grant Award: \$215,364.00

Is match required: ☐ Yes ☒ No If yes, match amount required: \$_____

Match Source (General Fund, Patient Fees, In-Kind, etc.): _____

If County-funded match, enter Charge Code Title and # below.

Charge Code Title and # _____ Amount: \$_____

Charge Code Title and # _____ Amount: \$_____

Total Resources: \$215,364.00

EXPENDITURES

5. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$215,364.00

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: _____

6. Pass-Thru Estimated cost: \$0

Total Expenditures: \$215,364.00

Department Name and #: Prosecuting Attorney

Division and Fund #: Family Support, Fund 130

Dept Program Name and #: Family Support Grant, Program 528

Grant Title: 2026 Family Support Grant

Purpose of grant (Brief description of work to be performed): This grant supports the operations of our Family Support Division which provides the following legal services: (1) judicial establishment of paternity and child support; (2) enforcement of support orders; (3) modification of existing child support orders; (4) representation of the state's interest in private dissolutions; and, (5) representation of the Division of Child Support, a division of DSHS, in lawsuits.

Existing/ongoing program: ☒ Yes New Program: ☐ Yes

Source of grant funding: Federal ☒ State ☒ Local ☐ Other ☐

Grant Term: From January 1, 2026 To: December 31, 2026

Grantor: WA State Dept. of Commerce

Grant Award: \$4,000,000.00

Is match required: ☐ Yes ☒ No If yes, match amount required: \$_____

Match Source (General Fund, Patient Fees, In-Kind, etc.): _____

If County-funded match, enter Charge Code Title and # below.

Charge Code Title and #

Charge Code Title and # _____ Amount: \$_____

Total Resources: \$4,000,000.00
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EXPENDITURES

7. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost:
\$4,000,000.00

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
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_____	_____
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Total FTEs: _____

8. Pass-Thru Estimated cost: \$0

Total Expenditures: \$4,000,000.00

Department Name and #: Prosecuting Attorney

Division and Fund #: Criminal, Fund 130

Dept Program Name and #: Financial Fraud and Identity Theft (FFIT), Program 529

Grant Title: 2025-27 Financial Fraud and Identity Theft Grant

Purpose of grant (Brief description of work to be performed): The Financial Fraud and Identity Theft (FFIT) two-year grant supports a Criminal Deputy Prosecuting Attorney position that is dedicated solely to the prosecution of cases involving financial fraud and identity theft.

Existing/ongoing program: ☒ Yes New Program: ☐ Yes

Source of grant funding: Federal ☐ State ☒ Local ☐ Other ☐

Grant Term: From July 1, 2026 To: June 30, 2027

Grantor: WA State Dept. of Commerce

Grant Award: \$167,148.00

Is match required: ☐ Yes ☒ No If yes, match amount required: \$_____

Match Source (General Fund, Patient Fees, In-Kind, etc.): _____

If County-funded match, enter Charge Code Title and # below.

Charge Code Title and # _____ Amount: \$_____

Charge Code Title and # _____ Amount: \$_____

Total Resources: \$167,148.00

EXPENDITURES

9. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$167,148.00

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: _____

10. Pass-Thru Estimated cost: \$0

Total Expenditures: \$167,148.00

Department Name and #: Prosecuting Attorney

Division and Fund #: Criminal, Fund 130

Dept Program Name and #: Law Enforcement Assisted Diversion (LEAD), Program 531

Grant Title: 2026-27 Recovery Navigator Program Grant

Purpose of grant (Brief description of work to be performed): The Recovery Navigator Program (RNP) grant, awarded to Snohomish County by the North Sound Behavioral Health Services and Administrative Organization (NS BHASO), supports the continuation and expansion of the PAO's Law Enforcement Assisted Diversion program (LEAD) which began in 2020. LEAD is a pre-booking diversion program for lower-level non-violent offenders that addresses the unmet behavioral, socio-economic, and health needs that may contribute to criminal activity. The RNP grant is a pass-through grant that supports the expansion of LEAD. The PAO has contracted with the Evergreen Recovery Centers to implement LEAD, and with the Purpose.Dignity.Action (PDA) (f/k/a Public Defenders Association) to provide administrative services to both LEAD and RNP.

Existing/ongoing program: ☒ Yes New Program: ☐ Yes

Source of grant funding: Federal ☐ State ☒ Local ☐ Other ☐

Grant Term: From July 1, 2026 To: June 30, 2027

Grantor: North Sound Behavioral Health & Admin Services Org Grant Award: \$823,652.00

Is match required: ☐ Yes ☒ No If yes, match amount required: \$ _____

Match Source (General Fund, Patient Fees, In-Kind, etc.): _____

If County-funded match, enter Charge Code Title and # below.

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$823,652.00

EXPENDITURES

11. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$823,652.00

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: _____

12. Pass-Thru Estimated cost: \$823,652.00

Total Expenditures: \$823,652.00

Department Name and #: Prosecuting Attorney

Division and Fund #: Criminal, Fund 130

Dept Program Name and #: Law Enforcement Assisted Diversion (LEAD), Program 531

Grant Title: FFY2026 Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)

Purpose of grant (Brief description of work to be performed): The Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) grant supports the continuation and expansion of the office's Law Enforcement Assisted Diversion program (LEAD) which began in 2020. LEAD is a pre-booking diversion program for lower-level non-violent offenders that addresses the unmet behavioral, socio-economic, and health needs that may contribute to criminal activity. This is a pass-through grant for the expansion of LEAD. The PAO has contracted with the Evergreen Recovery Centers (ERC) to implement LEAD. The funds from COSSUP pay for the compensation of up to three Case Managers at ERC, as well as ERC operational and administrative costs, and flex funds for client support. The grant is included in the Grant Work Plan because the US DOJ approved in September 2025, a one-year no-cost term extension to 9/30/2026.

Existing/ongoing program: ☒ Yes New Program: ☐ Yes

Source of grant funding: Federal ☒ State ☐ Local ☐ Other ☐

Grant Term: From October 1, 2021 To: September 30, 2026

Grantor: US Dept. of Justice Grant Award: \$1,200,000.00

Is match required: ☐ Yes ☒ No If yes, match amount required: \$_____

Match Source (General Fund, Patient Fees, In-Kind, etc.): _____

If County-funded match, enter Charge Code Title and # below.

Charge Code Title and # _____ Amount: \$_____

Charge Code Title and # _____ Amount: \$_____

Total Resources: \$1,200,000.00
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EXPENDITURES

13. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$1,200,000

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
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Total FTEs: _____

14. Pass-Thru Estimated cost: \$1,200,000.00

Total Expenditures: \$1,200,000.00

Department Name and #: Prosecuting Attorney

Division and Fund #: Criminal, Fund 130

Dept Program Name and #: Traffic Safety Resource Prosecutor (TSRP), Program 533

Grant Title: FFY2027 Traffic Safety Resource Prosecutor

Purpose of grant (Brief description of work to be performed): The Traffic Safety Resource Prosecutor (TSRP) grant program involves a designated senior-level DPA who trains and educates prosecutors, law enforcement, judges, probation staff, legislators, and hearing examiners regarding impaired driving enforcement. The US Dept. of Transportation (USDOT) National Highway Traffic Safety Administration (NHTSA) provides the grant funds, and the Washington Traffic Safety Commission (WTSC) acts as the grantor. The grant supports one DPA and associated costs, including salary, benefits, bar dues, travel, and communications.

Existing/ongoing program: ☒ Yes New Program: ☐ Yes

Source of grant funding: Federal ☒ State ☐ Local ☐ Other ☐

Grant Term: From October 1, 2026 To: September 30, 2027

Grantor: Washington Traffic Safety Commission Grant Award: \$274,336.00

Is match required: ☐ Yes ☒ No If yes, match amount required: \$ _____

Match Source (General Fund, Patient Fees, In-Kind, etc.): _____

If County-funded match, enter Charge Code Title and # below.

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$274,336.00

EXPENDITURES

15. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$274,336.00

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
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_____	_____
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Total FTEs: _____

16. Pass-Thru Estimated cost: \$

Total Expenditures: \$274,336.00

Department Name and #: Prosecuting Attorney

Division and Fund #: Criminal, Fund 130

Dept Program Name and #: Assisted Outreach Treatment (AOT), Program 532

Grant Title: Assisted Outpatient Treatment Legal and Court Services

Purpose of grant (Brief description of work to be performed): The Prosecuting Attorney's Office (PAO) represents individuals or agencies petitioning for AOT orders in all court proceedings in accordance with RCW 71.05. The PAO also reviews AOT petitions for legal sufficiency, and if the petition is found not to be legally sufficient, then the PAO will coordinate with the petitioner to address the deficiencies.

Existing/ongoing program: ☐ Yes New Program: ☒ Yes

Source of grant funding: Federal ☐ State ☒ Local ☐ Other ☐

Grant Term: From January 1, 2026 To: December 31, 2026

Grantor: North Sound Behavioral Health & Admin Services Org Grant Award: \$35,000.00

Is match required: ☐ Yes ☒ No If yes, match amount required: \$ _____

Match Source (General Fund, Patient Fees, In-Kind, etc.): _____

If County-funded match, enter Charge Code Title and # below.

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$35,000.00

EXPENDITURES

17. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$35,000.00

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: _____

18. Pass-Thru Estimated cost: \$35,000.00

Total Expenditures: \$35,000.00
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