

# 2025 Grant Work Plan

Department **Health Department** Division **110, 125, 630** Fund **125** Program **610, 625, 630**  
Job code **10050, 10070, 10080, 10081, 20122, 20123, 21667, 21691, 22026, 23021, 23031, 23033, 23070, 23071, 23770, 30020, 30115, 30515, 30820, 31121, 37020, 40010, 40015, 40016, 40017.**

**Purpose of Grant** (Brief description of work to be performed) **FPHS-LHJ-Proviso.** Foundational public health funding.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$7,006,000.0**

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 \_\_\_\_\_

<b>Total Resources</b>	<b>\$7,006,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$7,006,000.00

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 \_\_\_\_\_

**2. Pass Thru** (Estimated cost)    \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$7,006,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **110** Fund **125** Program **610** Job code **10041**

**Purpose of Grant** (Brief description of work to be performed) **FFY22 PH Infrastructure Comp A1-LHJ.**  
To provide funding to establish, expand, train, and sustain the LHJ public health workforce in accordance with the CDC Public Health Infrastructure Grant (PHIG).

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$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, enter DAC.

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

<b>Total Resources</b> <b>\$200,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$200,000.00

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	_____

**2. Pass Thru** (Estimated cost)      \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$200,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **110** Fund **125** Program **610** Job code **10064**

**Purpose of Grant** (Brief description of work to be performed) **FFY21 CDC COVID-19 PHWFD-LHJ (Public Health Work Force Development)**. To provide funding to establish, expand, train, and sustain the LHJ public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, in accordance with the CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$250,000.00**

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 _____

<b>Total Resources</b>	<b>\$250,000.00</b>
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## EXPENDITURES

**3. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$250,000.00

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	_____

**4. Pass Thru** (Estimated cost)      \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$250,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **110** Fund **125** Program **610** Job code **10073**

**Purpose of Grant** (Brief description of work to be performed) **Expanding the Public Health Workforce with the Disability Network: DD Councils.** To create and utilize a communications reference guide focused on how to best communicate public health information equitably and effectively to Snohomish County residents with intellectual and developmental disabilities.

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

Grant Term: From 10/1/2024 to 9/30/2025

Grantor: Washington State Department of Commerce      Grant Award **\$93,319.00**

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 _____

<b>Total Resources</b> <b>\$93,319.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$93,319.00

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)      \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$93,319.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **110** Fund **125** Program **610** Job code **10076**

**Purpose of Grant** (Brief description of work to be performed) **Community Navigation.** To develop a community navigator program where the Snohomish Health department contracts with community leaders in communities that are systemically excluded and disproportionately impacted by negative health outcomes including communicable and chronic diseases as well as mental health conditions to strengthen and maintain the public health presence and relationship within these communities outside of a urgent concern or response to build trust and improve communication in ways that reaches these community members where they are and in a way that is meaningful to them. These relationships will improve our ability to respond to conditions of public health concern when they arise in these communities as well since strong relationships will precede those events and concerns.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Robert Wood Johnson Foundation

Grant Award **\$500,000.00**

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 _____

<b>Total Resources</b> <b>\$500,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$500,000.00

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    \_\_\_\_\_

**2. Pass Thru** (Estimated cost)    \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$500,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **110** Fund **125** Program **610** Job code **21618**

**Purpose of Grant** (Brief description of work to be performed) **COVID 19 Vaccines.**

To develop and implement communication strategies with health care providers, community and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$2,391,448.00**

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 _____

<b>Total Resources</b>	<b>\$2,391,448.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$2,391,448.00

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)                      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$2,391,448.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **110** Fund **125** Program **610** Job code **23053**

**Purpose of Grant** (Brief description of work to be performed) **EIP FLUSURVNET SURV CDC.**

To provide funding to perform active population-based surveillance on hospitalizations associated with those conditions related to RESP-NET (Respiratory Virus Hospitalization Surveillance Network), a general term for three separate projects (Flu Surv-NET, COVID-NET, RSV-NET).

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$19,678.00**

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 _____

<b>Total Resources</b>	<b>\$19,678.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$19,678.00

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)                      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$19,678.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **110** Fund **125** Program **610** Job code **23054**

**Purpose of Grant** (Brief description of work to be performed) **EIP RSVNET SURV CDC.**

To provide funding to perform active population-based surveillance on hospitalizations associated with those conditions related to RESP-NET (Respiratory Virus Hospitalization Surveillance Network), a general term for three separate projects (Flu Surv-NET, COVID-NET, RSV-NET).

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$15,743.00**

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 _____

<b>Total Resources</b>	<b>\$15,743.00</b>
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## EXPENDITURES

**3. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$15,743.00

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)                      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$15,743.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **110** Fund **125** Program **610** Job code **23055**

**Purpose of Grant** (Brief description of work to be performed) **EIP COVIDNET SURV CDC.**

To provide funding to perform active population-based surveillance on hospitalizations associated with those conditions related to RESP-NET (Respiratory Virus Hospitalization Surveillance Network), a general term for three separate projects (Flu Surv-NET, COVID-NET, RSV-NET).

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$43,292.00**

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 _____

<b>Total Resources</b>	<b>\$43,292.00</b>
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## EXPENDITURES

**5. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$43,292.00

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)    \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$43,292.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **110** Fund **125** Program **610** Job code **37042**

**Purpose of Grant** (Brief description of work to be performed) **PHEP BP5 LHJ Funding.**  
To support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness, resilience, and response.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$535,318.00**

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 _____

<b>Total Resources</b>	<b>\$535,318.00</b>
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## EXPENDITURES

**7. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$535,318.00

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	_____	

**8. Pass Thru** (Estimated cost)                      \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$535,318.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **110** Fund **125** Program **610** Job code **37043**

**Purpose of Grant** (Brief description of work to be performed) **Molina MRC Support Activities.** To support the growth and development of MRC.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Molina Healthcare of Washington

Grant Award **\$5,000.00**

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 _____

<b>Total Resources</b>	<b>\$5,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$5,000.00

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	_____

**2. Pass Thru** (Estimated cost)    \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$5,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **110** Fund **125** Program **610** Job code **37044**

**Purpose of Grant** (Brief description of work to be performed) **NACCHO MRC Operational Readiness Award**. To support the growth and development of MRC and expand training, exercise, and response capabilities.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: NACCHO

Grant Award **\$10,000.00**

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 _____

<b>Total Resources</b> <b>\$10,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$10,000.00

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	_____

**2. Pass Thru** (Estimated cost)    \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$10,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **110** Fund **125** Program **610** Job code **37059**

**Purpose of Grant** (Brief description of work to be performed) **PHEP CRI BP5 LHJ Funding.**

To establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness, resilience, and response.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$161,292.00**

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 _____

<b>Total Resources</b>	<b>\$161,292.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$161,292.00

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)                      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$161,292.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **110** Fund **125** Program **610** Job code **xxxxx**

**Purpose of Grant** (Brief description of work to be performed) **Increasing immunization rates in Snohomish County.** Using a population health approach to increase vaccination rates in the County.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: MolinaCares Foundation

Grant Award **\$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, enter DAC.

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

<b>Total Resources</b> <b>\$200,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$200,000.00

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	_____

**2. Pass Thru** (Estimated cost)    \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$200,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **110** Fund **125** Program **610** Job code **xxxxx**

**Purpose of Grant** (Brief description of work to be performed) **Addressing BIPOC Health Equity.** To Co-sponsor a BIPOC community health event to highlight Black, Indigenous, and people of color (BIPOC) community health issues and community resources.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Collaborative Action Network-North Sound ACH      Grant Award **\$50,000.00**

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 _____

<b>Total Resources</b>	<b>\$50,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$50,000.00

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	_____

**2. Pass Thru** (Estimated cost)      \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$50,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30010**

**Purpose of Grant** (Brief description of work to be performed) **Strengthening Environmental Health Capacity (EHC) to Detect, Prevent, and Control Environmental Health Hazards through Data-driven, Evidence-based Approaches-CDC.** Software Upgrade - Purchase, implementation, and migration of existing data into new Environmental Health Database Software.

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

Grant Term: From 9/01/2024 to 12/31/2025

Grantor: CDC

Grant Award **\$300,000.00**

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 _____

<b>Total Resources</b>	<b>\$300,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$300,000.00

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	_____

**2. Pass Thru** (Estimated cost)    \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$300,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30010**

**Purpose of Grant** (Brief description of work to be performed) **Technology for Social Impact.**

Software Upgrade - Purchase, implementation, and migration of existing data into new Environmental Health Database Software.

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

Grant Term: From 1/01/2024 to 12/31/2025

Grantor: Microsoft

Grant Award **\$300,000.00**

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 _____

<b>Total Resources</b>	<b>\$300,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$300,000.00

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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_____	_____
_____	_____

Total FTEs \_\_\_\_\_

**2. Pass Thru** (Estimated cost)    \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$300,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30010**

**Purpose of Grant** (Brief description of work to be performed) **DelBene- FY25 Appropriations Community Project Funding (CPF)**. Software Upgrade - Purchase, implementation, and migration of existing data into new Environmental Health Database Software.

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

Grant Term: From 8/01/2024 to 7/31/2025

Grantor: Health Resources and Services Administration      Grant Award **\$150,000.00**

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 _____

<b>Total Resources</b> <b>\$150,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$150,000.00

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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_____	_____
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Total FTEs      \_\_\_\_\_

**2. Pass Thru** (Estimated cost)      \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$150,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30137**

**Purpose of Grant** (Brief description of work to be performed) **Sanitary Survey Fees.** To conduct sanitary surveys and provide technical assistance to small community and non-community Group A water systems.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$3,600.00**

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 _____

<b>Total Resources</b> <b>\$3,600.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$3,600.00

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)                      \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$3,600.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30138**

**Purpose of Grant** (Brief description of work to be performed) **Sanitary Survey Fees Local Asst (15%) TA.** To conduct sanitary surveys and provide technical assistance to small community and non-community Group A water systems.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$4,000.00**

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 _____

<b>Total Resources</b>	<b>\$4,000.00</b>
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## EXPENDITURES

**3. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$4,000.00

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	_____	

**4. Pass Thru** (Estimated cost)                      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$4,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30140**

**Purpose of Grant** (Brief description of work to be performed) **Well Seal Inspections.** To identify and investigate water quality contamination and issues in sensitive water sheds.

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

Grant Term: From 1/01/2024 to 6/30/2026

Grantor: Department of Ecology

Grant Award **\$50,000.00**

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 _____

<b>Total Resources</b>	<b>\$50,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$50,000.00

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	_____

**2. Pass Thru** (Estimated cost)    \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$50,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30340**

**Purpose of Grant** (Brief description of work to be performed) **Solid Waste Services - Facilities.**

Projects that educate the public on litter control, waste reduction, recycling, or composting, or for the implementation of a contamination reduction and outreach plan (CROP).

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

Grant Term: From 1/01/2024 to 12/31/2025

Grantor: Department of Ecology

Grant Award **112,500.00**

Is match required:  Yes     No    If yes, match amount required: \$37,500.00

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

<b>Total Resources</b>	<b>\$150,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$150,000.00

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	_____

**2. Pass Thru** (Estimated cost)    \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$150,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30343**

**Purpose of Grant** (Brief description of work to be performed) **Solid Waste Enforcement.** To provide regional solutions and intergovernmental cooperation; prevent or minimize environmental contamination through planning and project implementation; and comply with state and local solid and hazardous waste management plans and laws.

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

Grant Term: From 1/01/2024 to 12/31/2025

Grantor: Department of Ecology

Grant Award **\$112,500.00**

Is match required:  Yes  No    If yes, match amount required: \$37,500.00

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

<b>Total Resources</b> <b>\$150,000.00</b>
--

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$150,000.00

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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_____	_____
_____	_____

Total FTEs    \_\_\_\_\_

**2. Pass Thru** (Estimated cost)    \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$150,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30365**

**Purpose of Grant** (Brief description of work to be performed) **PPA- Pollution Prevention Assistance.** To provide technical assistance and education outreach to small businesses in an effort to prevent pollution of waters of the state as part of the Pollution Prevention Assistance Partnership (formerly known as the Local Source Control (LSC) Partnership).

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 Ecology

Grant Award **\$676,892.63**

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 _____

<b>Total Resources</b> <b>\$676,892.63</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$676,892.63

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)    \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$676,892.63</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30512**

**Purpose of Grant** (Brief description of work to be performed) **Environmental Justice Collaborative Problem-Solving Cooperative.** Cover FTE costs associated with Environmental Health Educators, focusing on Lund Use, Food Safety, and Safe Environments work groups.

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

Grant Term: From 11/01/2024 to 12/31/2025

Grantor: U.S. Environmental Protection Agency      Grant Award **\$500,000.00**

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 _____

<b>Total Resources</b>	<b>\$500,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$500,000.00

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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_____	_____
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Total FTEs \_\_\_\_\_

**2. Pass Thru** (Estimated cost)      \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$500,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30512**

**Purpose of Grant** (Brief description of work to be performed) **Community Development Block Grant Program - Savvy Septic** - Cover a portion of costs related to maintenance and repair of existing septic systems for low-income residents.

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

Grant Term: From 9/01/2024 to 8/31/2025

Grantor: U.S. Department of Housing and Urban Development      Grant Award **\$300,000.00**

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 _____

<b>Total Resources</b>	<b>\$300,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$300,000.00

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	_____

**2. Pass Thru** (Estimated cost)      \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$300,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30512**

**Purpose of Grant** (Brief description of work to be performed) **PIC (Pollution Identification and Correction) in partnership with Snohomish County Surface Water Management.** To identify and investigate water quality contamination and issues in sensitive water sheds.

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

Grant Term: From 1/01/2024 to 12/31/2025

Grantor: Department of Ecology

Grant Award **\$100,000.00**

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 _____

<b>Total Resources</b> <b>\$100,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$100,000.00

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	_____

**2. Pass Thru** (Estimated cost)      \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$100,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30512**

**Purpose of Grant** (Brief description of work to be performed) **DOH NEP (National Estuary Program) in partnership with Tulalip Tribes.** To identify and investigate water quality contamination and issues in sensitive water sheds.

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

Grant Term: From 7/01/2023 to 12/31/2025

Grantor: Department of Ecology

Grant Award **\$30,000.00**

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 _____

<b>Total Resources</b> <b>\$30,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$30,000.00

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	_____

**2. Pass Thru** (Estimated cost)      \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$30,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30533**

**Purpose of Grant** (Brief description of work to be performed) **Small Onsite Management (ALEA).**  
To fund implementation of the on-site sewage system (OSS) local management plan (LMP).

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$75,000.00**

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 _____

<b>Total Resources</b>	<b>\$75,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$75,000.00

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	_____

**2. Pass Thru** (Estimated cost)      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$75,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30534**

**Purpose of Grant** (Brief description of work to be performed) **NEP Sil 2.0 Savvy Septic Program (PS SSI2 Subaward Management Task 3)**. To provide direct financial assistance to low-income homeowners within the County to repair or replace failing septic systems, financial incentives in the form of rebates to homeowners to complete regular OSS inspections, and host homeowner educational workshops in the Snohomish and Stillaguamish watersheds.

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

Grant Term: From 1/01/2025-12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$425,000.00**

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 _____

<b>Total Resources</b>	<b>\$425,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$425,000.00

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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_____	_____
_____	_____

Total FTEs      \_\_\_\_\_

**2. Pass Thru** (Estimated cost)      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$425,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30538**

**Purpose of Grant** (Brief description of work to be performed) **WQC Savvy Septic Program**. To empower OSS owners to participate in a collective Puget Sound water quality solution by removing financial barriers to OSS replacement, repair and maintenance and providing education on proper system maintenance.

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

Grant Term: From 7/01/2023 to 6/30/2026

Grantor: Department of Ecology

Grant Award **\$500,000.00**

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 _____

<b>Total Resources</b>	<b>\$500,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$500,000.00

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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_____	_____
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Total FTEs    \_\_\_\_\_

**2. Pass Thru** (Estimated cost)    \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$500,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30539**

**Purpose of Grant** (Brief description of work to be performed) **Wastewater Management-GFS**. To update funding code for GFS and add funding and rebate and incentive tasks for OSS inspections to increase inspections compliance.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$31,969.00**

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 _____

<b>Total Resources</b>	<b>\$31,969.00</b>
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## EXPENDITURES

**3. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$31,969.00

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)                      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$31,969.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **30810**

**Purpose of Grant** (Brief description of work to be performed) **NEHA/FDA Grant (National Environmental Health Association and Food and Drug Administration)**. To assist agencies with meeting FDA Food Safety program standards.

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

Grant Term: From 1/01/2024 to 12/31/2025

Grantor: NEHA/FDA

Grant Award **\$26,500.00**

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 _____

<b>Total Resources</b> <b>\$26,500.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$26,500.00

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)    \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$26,500.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **31215**

**Purpose of Grant** (Brief description of work to be performed) **Vector-borne T2&3 Epi ELC FPH.**

To conduct weekly mosquito surveillance for West Nile virus (WNV) in Snohomish County during mosquito season, June through September.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$3,000.00**

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 _____

<b>Total Resources</b> <b>\$3,000.00</b>
--

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$3,000.00

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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_____	_____
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Total FTEs      \_\_\_\_\_

**2. Pass Thru** (Estimated cost)      \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$3,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **31410**

**Purpose of Grant** (Brief description of work to be performed) **Rec Shellfish/Biotoxin**. To provide funds for shellfish harvesting safety.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$11,000.00**

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 _____

<b>Total Resources</b>	<b>\$11,000.00</b>
------------------------	--------------------

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$11,000.00

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	_____

**2. Pass Thru** (Estimated cost)      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$11,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **40284**

**Purpose of Grant** (Brief description of work to be performed) **PIC (Pollution Identification and Correction) in partnership with Snohomish County Surface Water Management.** To identify and investigate water quality contamination and issues in sensitive water sheds.

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

Grant Term: From 1/01/2024 to 9/30/2027

Grantor: Department of Health

Grant Award **\$90,000.00**

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 _____

<b>Total Resources</b> <b>\$90,000.00</b>
---

## EXPENDITURES

**3. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$90,000.00

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      \_\_\_\_\_

**4. Pass Thru** (Estimated cost)      \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$90,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **xxxxx**

**Purpose of Grant** (Brief description of work to be performed) **Alternative Drinking Water.**  
To provide technical assistance and testing for Group B water systems.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$150,000.00**

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 _____

<b>Total Resources</b>	<b>\$150,000.00</b>
------------------------	---------------------

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$150,000.00

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	_____

**2. Pass Thru** (Estimated cost)    \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$150,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **xxxxx**

**Purpose of Grant** (Brief description of work to be performed) **OSS Action Plan Implementation.**  
To complete one project identified on the OSS Action Plan.

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

Grant Term: From 1/01/2025 to 12/31/2026

Grantor: Puget Sound Partnership

Grant Award **\$183,000.00**

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 _____

<b>Total Resources</b> <b>\$183,000.00</b>
--

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$150,000.00

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    \_\_\_\_\_

**2. Pass Thru** (Estimated cost)    \$33,000.00

<b>Total Expenditures</b> <b>\$183,000.00</b>
---

# 2025 Grant Work Plan

Department **Health Department** Division **130** Fund **125** Program **630** Job code **xxxxx**

**Purpose of Grant** (Brief description of work to be performed) **Lead Hazard Reduction Grant.**

To maximize the number of children under the age of six protected from lead poisoning and to identify and control lead-based paint hazards in eligible privately-owned rental or owner-occupied housing populations.

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

Grant Term: From 1/01/2025 to 9/29/2025

Grantor: U.S. Department of Housing and Urban Development    Grant Award **\$900,000.00**

Is match required:  Yes     No    If yes, match amount required: \$100,000.00

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

<b>Total Resources</b> <b>\$1,000,000.00</b>
--

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.)    (Estimated cost)    \$1,000,000.00

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
_____	_____
_____	_____
Total FTEs	_____

**2. Pass Thru**    (Estimated cost)    \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$1,000,000.00</b>
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Department **Health Department** Division **125** Fund **125** Program **625** Job code **20009**

# 2025 Grant Work Plan

**Purpose of Grant** (Brief description of work to be performed) **Medicaid Administrative Claiming (MAC)**. To support Medicaid related outreach and linkage activities performed by LocalHealth Jurisdictions (LHJ) to Washington State residents who live within its jurisdiction. These activities assist residents who have no or inadequate medical coverage, and includes explaining the benefits of the Medicaid program, assisting them in the Medicaid application and renewal processes, and linking them to Medicaid covered services.

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

Grant Term: From 1/1/2023 to 12/31/2025

Grantor: Health Care Authority

Grant Award **\$60,000.00**

Is match required:  Yes  No      If yes, match amount required: \$60,000.00

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

<b>Total Resources</b> <b>\$120,000.00</b>
--

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$120,000.00

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	_____	

**2. Pass Thru** (Estimated cost)      \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$120,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **20110, 20114, 20610, 20615**

**Purpose of Grant** (Brief description of work to be performed) **MCHBG LHJ Contracts**. To support local interventions that impact the target population of the Maternal and Child Health Block Grant.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$444,879.00**

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 _____

<b>Total Resources</b>	<b>\$444,879.00</b>
------------------------	---------------------

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)            \$444,879.00

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)                      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$444,879.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **20436**

**Purpose of Grant** (Brief description of work to be performed) **ABCD Dental Services.** To provide 'Access to Baby and Child Dentistry' (ABCD) services to detect and prevent early childhood dental decay by engaging dentists in seeing Apple Health/Medicaid-eligible Clients, ages birth to six (6), with an emphasis on children of color and children 0-2, ages six (6) to thirteen (13) who are clients of the Developmental Disabilities Administration and other eligible but underserved children in the service area, and engaging local public health departments in outreach and case management.

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

Grant Term: From 7/1/2024 to 6/30/2026

Grantor: Health Care Authority

Grant Award **\$212,576.00**

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 _____

<b>Total Resources</b>	<b>\$212,576.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$212,576.00

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)      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$212,576.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **20613**

**Purpose of Grant** (Brief description of work to be performed) **WorkFirst Children with Special Needs**. To assist DSHS staff in determining a parent's ability to participate in the WorkFirst program through an evaluation of a child's special needs.

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

Grant Term: From 9/15/2024 to 6/30/2025

Grantor: DSHS

Grant Award **\$21,450.00**

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 _____

<b>Total Resources</b> <b>\$21,450.00</b>
---

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$21,450.00

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)    \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$21,450.00</b>
--

# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **20614**

**Purpose of Grant** (Brief description of work to be performed) **CDC Lead Prevention Grant.**

A community-based approach to improving lead safety in Snohomish County. To eliminate childhood lead poisoning as a public health problem through strengthening blood lead testing, reporting, and surveillance, linking exposed children to recommended services, and targeted population-based interventions.

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

Grant Term: From 10/01/2024 to 9/30/2025

Grantor: CDC

Grant Award **\$387,000.00**

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 _____

<b>Total Resources</b>	<b>\$387,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost) \$387,000.00

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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_____	_____
_____	_____

Total FTEs \_\_\_\_\_

**2. Pass Thru** (Estimated cost) \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$387,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **21110**

**Purpose of Grant** (Brief description of work to be performed) **Refugee Health Screening.**

To assist refugees in obtaining a domestic health screening outlined by the CDC and the Office of Refugee Resettlement.

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

Grant Term: From 10/01/2024 to 9/30/2025

Grantor: Department of Social and Health Services      Grant Award **\$300,000.00**

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 _____

<b>Total Resources    \$300,000.00</b>
--

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.)      (Estimated cost)      \$300,000.00

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      \_\_\_\_\_

**2. Pass Thru**      (Estimated cost)      \$ \_\_\_\_\_

<b>Total Expenditures    \$300,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **21114**

**Purpose of Grant** (Brief description of work to be performed) **Refugee Health PROMO DSHS IAR/ Continuation of Care Services Grant.** To provide overview of the duties performed by Snohomish County in accordance with Refugee Community Health Worker Outreach project through Refugee Health Promotion which was awarded to DOH by DSHS ORIA. To hire culturally and linguistically appropriate Community Health Works (CHW) who will serve the refugees and humanitarian immigrants by providing health navigation and health education to ORR eligible populations. Education and service connections.

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

Grant Term: From 9/01/2024 to 9/30/2026

Grantor: Department of Health – Consolidated Contract      Grant Award **\$275,000.00**

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 _____

<b>Total Resources</b> <b>\$275,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.)      (Estimated cost)      \$275,000.00

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	_____

**2. Pass Thru**      (Estimated cost)      \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$275,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **21115**

**Purpose of Grant** (Brief description of work to be performed) **Ukrainian Resettlement.** To conduct activities that will establish a community resource center that will provide the community with appropriate health and immunization guidance materials in a regularly accessible space.

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

Grant Term: From 7/01/2024 to 6/30/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$22,234.00**

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 _____

<b>Total Resources</b>	<b>\$22,234.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost) \$22,234.00

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) \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$22,234.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **21615**

**Purpose of Grant** (Brief description of work to be performed) **FY24 IQIP Regional Representatives.**  
To define required Childhood Vaccine Program (CVP) for regional representatives.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$81,400.00**

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 _____

<b>Total Resources</b> <b>\$81,400.00</b>
---

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.)      (Estimated cost)      \$81,400.00

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)      \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$81,400.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **21665**

**Purpose of Grant** (Brief description of work to be performed) **FY24 VFC OPS.**

To contract with local health to conduct activities to improve immunization coverage rates.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$49,665.00**

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 _____

<b>Total Resources</b>	<b>\$49,665.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost) \$49,665.00

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) \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$49,665.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **21666**

**Purpose of Grant** (Brief description of work to be performed) **Ukrainian Refugees.** To conduct activities that will better connect recently arrived Ukrainian refugees (and their sponsors) to basic health services, including childhood and adult immunizations.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$42,840.00**

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 _____

<b>Total Resources</b>	<b>\$42,840.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$42,840.00

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)                      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$42,840.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **21666**

**Purpose of Grant** (Brief description of work to be performed) **FFY24 PPHF**. To define required Perinatal Hepatitis B activities, deliverable, and funding.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$23,650.00**

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 _____

<b>Total Resources</b> <b>\$23,650.00</b>
---

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$23,650.00

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)      \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$23,650.00</b>
--

# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **21670**

**Purpose of Grant** (Brief description of work to be performed) **Perinatal Hepatitis B.**  
To provide infectious disease (Perinatal Hepatitis) prevention services.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$23,650.00**

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 _____

<b>Total Resources</b> <b>\$23,650.00</b>
---

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.)      (Estimated cost)      \$23,650.00

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      \_\_\_\_\_

**2. Pass Thru**      (Estimated cost)      \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$23,650.00</b>
--

# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **22015**

**Purpose of Grant** (Brief description of work to be performed) **State Disease Control & Prevention - FPH.** To provide infectious disease (HIV, STD and Adult Viral Hepatitis) prevention services.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$151,496.00**

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 _____

<b>Total Resources</b> <b>\$151,496.00</b>
--

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$151,496.00

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)      \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$151,496.00</b>
---

# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **22020**

**Purpose of Grant** (Brief description of work to be performed) **FFY24 STD Prevention PCHD – FPH.**  
To provide infectious disease (HIV, STD and Adult Viral Hepatitis) prevention services.

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

Grant Term: 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$70,710.00**

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 _____

<b>Total Resources</b> <b>\$70,710.00</b>
---

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$70,710.00

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)      \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$70,710.00</b>
--

# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **22024**

**Purpose of Grant** (Brief description of work to be performed) **FFY24 STD Prevention Supplemental (PCHD)**. To provide infectious disease (HIV, STD and Adult Viral Hepatitis) prevention services.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$346,223.00**

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 _____

<b>Total Resources</b> <b>\$346,223.00</b>
--

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$346,223.00

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)      \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$346,223.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **22025**

**Purpose of Grant** (Brief description of work to be performed) **SCHD Syndemic Community Based Integrated Testing/STD Prevention.** To expand and develop new partnerships to provide community-based integrated infectious disease testing and linkage to service in high-impact settings to provide access to communities that are disproportionately impacted.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$120,000.00**

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 _____

<b>Total Resources</b>	<b>\$120,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$120,000.00

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	_____	

**2. Pass Thru** (Estimated cost)                      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$120,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **22230**

**Purpose of Grant** (Brief description of work to be performed) **TB Elimination – FPH.** To provide funding for tuberculosis (TB) prevention and control activities.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$106,970.00**

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 _____

<b>Total Resources</b> <b>\$106,970.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$106,970.00

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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_____	_____
_____	_____

Total FTEs      \_\_\_\_\_

**2. Pass Thru** (Estimated cost)      \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$106,970.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **22560**

**Purpose of Grant** (Brief description of work to be performed) **STD Pilot Project: STI - Sexually Transmitted Infections Program.** To reduce STIs in the County by developing a two-year pilot project to develop and expand a comprehensive, STI model of care that will expand field-based services out in the community and establish an in-house clinic in the Health Department to provide equitable care to reduce the alarming rise of STI in the County.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$653,202.00**

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 _____

<b>Total Resources    \$653,202.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$653,202.00

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)    \$\_\_\_\_\_

<b>Total Expenditures    \$653,202.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **22577**

**Purpose of Grant** (Brief description of work to be performed) **FFY22 HIV Prevention Grant – FPH**  
To provide infectious disease (HIV, STD and Adult Viral Hepatitis) prevention services.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$110,662.00**

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 _____

<b>Total Resources</b> <b>\$110,662.00</b>
--

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.)      (Estimated cost)      \$110,662.00

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)      \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$110,662.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **23034**

**Purpose of Grant** (Brief description of work to be performed) **LHJ COVID-19 GFS.**

To support LHJ COVID-19 work utilizing American Rescue Plan Act (ARPA) funding and General Fund Stat funding.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$376,924.00**

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 _____

<b>Total Resources</b>	<b>\$376,924.00</b>
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## EXPENDITURES

**9. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$376,924.00

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)                      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$376,924.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **23754**

**Purpose of Grant** (Brief description of work to be performed) **Youth Marijuana Prevention.** To reduce initiation and use of cannabis and tobacco by youth (ages 12-20) in the North Sound Region.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Whatcom County (DOH)      Grant Award **\$56,000.00**

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 _____

<b>Total Resources</b> <b>\$56,000.00</b>
---

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$56,000.00

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	_____	

**2. Pass Thru** (Estimated cost)      \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$56,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **23766**

**Purpose of Grant** (Brief description of work to be performed) **NACCHO Grant/IOPSLL.**

To build capacity for local health departments (LHDs) serving jurisdictions with an above average burden of drug overdose deaths in the following areas: Surveillance and Data Sharing, Linkages to Care, Providers and Health Systems Support, Partnerships with Public Safety and First Responders, Communication Campaigns, Stigma Reduction and Harm Reduction Activities.

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

Grant Term: From 2/1/2024 to 12/31/2025

Grantor: NACCHO

Grant Award **\$257,053.39**

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 _____

<b>Total Resources</b>	<b>\$257,053.39</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$257,053.39

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)      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$257,053.39</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **23767**

**Purpose of Grant** (Brief description of work to be performed) **Snohomish County OD2A Community Response Year 1.** This CDC funding opportunity will allow the Snohomish County Health Department to enhance our data surveillance methods and to accomplish the proposed strategies in the proposal. This approach will create a more equitable, system-wide response to overdose prevention in Snohomish County.

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

Grant Term: From 9/1/2024 to 8/31/2025

Grantor: CDC

Grant Award **\$889,476.00**

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 _____

<b>Total Resources</b> <b>\$889,476.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$889,476.00

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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_____	_____
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Total FTEs    \_\_\_\_\_

**2. Pass Thru** (Estimated cost)    \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$889,476.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **23767**

**Purpose of Grant** (Brief description of work to be performed) **Snohomish County OD2A Community Response Year 2.** This CDC funding opportunity will allow the Snohomish County Health Department to enhance our data surveillance methods and to accomplish the proposed strategies in the proposal. This approach will create a more equitable, system-wide response to overdose prevention in Snohomish County.

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

Grant Term: From 9/1/2024 to 8/31/2025

Grantor: CDC

Grant Award **\$999,500.00**

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 _____

<b>Total Resources</b> <b>\$999,500.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$999,500.00

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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_____	_____
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Total FTEs    \_\_\_\_\_

**2. Pass Thru** (Estimated cost)    \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$999,500.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **37109**

**Purpose of Grant** (Brief description of work to be performed) **COVID Response: CSFRF CTS LHJ Allocation.** To provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation, and contract tracing resources to limit the spread of COVID-19. Included but not limited to: COVID data assessment, data entry, infection prevention and Mobile vaccine work.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$470,068.00**

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 _____

<b>Total Resources</b> <b>\$470,068.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$470,068.00

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)      \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$470,068.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **37122**

**Purpose of Grant** (Brief description of work to be performed) **OID Crisis Coag-Mpox CDC**. To contract with local health jurisdictions to implement Mpox prevention and response activities.

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

Grant Term: From 1/01/2025 to 12/31/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$25,000.00**

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 _____

<b>Total Resources</b>	<b>\$25,000.00</b>
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## EXPENDITURES

**3. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$25,000.00

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	_____

**4. Pass Thru** (Estimated cost)      \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$25,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **xxxxx**

**Purpose of Grant** (Brief description of work to be performed) **Emerging Infections Program (CDC).**

To enhance WA capacity to monitor, detect, and respond to emerging infectious pathogens, improve Washington surveillance and applied public health research capacity, and share high quality project data with CDC and the EIP network in support of broader public health improvement activities and EIP objectives.

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

Grant Term: From 1/01/2024 to 12/31/2029

Grantor: Department of Health – Consolidated Contract      Grant Award **\$205,157.00**

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 _____

<b>Total Resources</b>	<b>\$205,157.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost) \$205,157.00

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) \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$205,157.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **xxxxx**

**Purpose of Grant** (Brief description of work to be performed) **Healthy Families Community-based Perinatal Health Initiative.** To develop innovative models for integrating community-based maternal support services (COMSS) into perinatal systems of care. COMSS are social and supportive services that address social determinants of health (SDOH), such as health literacy; pregnancy, childbirth, and parenting education; cultural and linguistic diversity; exposure to trauma, housing; food; and transportation. These services are provided during pregnancy, labor and delivery and after delivery by trained individuals, such as doulas and community health workers. Integrating COMSS into perinatal systems of care will ultimately improve pregnant and post-partum people's health outcomes and reduce racial and ethnic disparities.

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

Grant Term: From 9/30/2024 to 9/30/2028

Grantor: Health and Human Services (HHS)      Grant Award **\$1,250,000.00**

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 _____

<b>Total Resources</b> <b>\$1,250,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.)      (Estimated cost)      \$1,250,000.00

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.

_____	_____
_____	_____
_____	_____

Total FTEs \_\_\_\_\_

**2. Pass Thru**      (Estimated cost)      \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$1,250,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **xxxxx**

**Purpose of Grant** (Brief description of work to be performed) **Local Health Department Healthcare-associated Infections and Antimicrobial Resistance Project.** To strengthen LHD capacity for healthcare-associated infections (HAIs) and antimicrobial resistant (AR) prevention and response for the Local Health Department Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) project.

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

Grant Term: From 8/31/2024 to 7/31/2025

Grantor: NACCHO

Grant Award **\$120,000.00**

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 _____

<b>Total Resources</b>	<b>\$120,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost) \$120,000.00

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.

_____	_____
_____	_____
Total FTEs	_____

**2. Pass Thru** (Estimated cost) \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$120,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **xxxxx**

**Purpose of Grant** (Brief description of work to be performed) **Equipping Local Health Departments to Address Vaccine Hesitancy.** To provide capacity-building resources that support LHD leaders in developing and implementing public health policies and practices to ensure communities have access to the vital programs and services that protect them from disease and disaster.

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

Grant Term: From 8/01/2024 to 6/30/2025

Grantor: NACCHO

Grant Award **\$100,000.00**

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 _____

<b>Total Resources</b>	<b>\$100,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost) \$100,000.00

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.

_____	_____
_____	_____
Total FTEs	_____

**2. Pass Thru** (Estimated cost) \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$100,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **xxxxx**

**Purpose of Grant** (Brief description of work to be performed) **Racial and Ethnic Approaches to Community Health (REACH)**. To improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations with the highest risk, or burden, of chronic disease. REACH programs work specifically among African American, Black, Hispanic, Latino, and Asian American, Native Hawaiian/Other Pacific Islander, American Indian, and Alaska Native populations.

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

Grant Term: From 9/30/2024 to 9/30/2029

Grantor: CDC

Grant Award **\$1,500,000.00**

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 _____

<b>Total Resources</b> <b>\$1,500,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.)    (Estimated cost)    \$1,500,000.00

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.

_____	_____
_____	_____
_____	_____

Total FTEs \_\_\_\_\_

**2. Pass Thru**    (Estimated cost)    \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$1,500,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **206xx**

**Purpose of Grant** (Brief description of work to be performed) **FPHS Funding.**

To partially fund case management work or any of the upstream and downstream community education efforts targeting BIPOC and low-income areas with the goal of increasing testing rates.

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

Grant Term: From 07/01/2024 to 6/30/2025

Grantor: Department of Health – Consolidated Contract      Grant Award **\$20,000.00**

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 _____

<b>Total Resources</b>	<b>\$20,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost) \$20,000.00

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	_____

**2. Pass Thru** (Estimated cost) \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$20,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department**    Division **125**    Fund **125**    Program **625**    Job code **206xx**

**Purpose of Grant** (Brief description of work to be performed) **Lead Decision Package.**

To continue to conduct sustainable case management and WDRS documentation, as well as sustain the provider outreach and targeted community engagement (BIPOC and low-income) work and continue efforts around reducing childhood exposures to lead and increasing blood lead testing.

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

Grant Term: From 07/01/2024 to 6/30/2025

Grantor: Department of Health – Consolidated Contract                      Grant Award **\$189,097.46**

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 _____

<b>Total Resources</b>	<b>\$189,097.46</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.)    (Estimated cost)    \$189,097.46

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)                      \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$189,097.46</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **xxxxx**

**Purpose of Grant** (Brief description of work to be performed) **HUD Lead Grant.**

This grant program assists states, cities, counties/parishes in developing and implementing comprehensive programs to identify and control lead-based paint hazards in eligible low-income privately-owned rental and owner-occupied housing.

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

Grant Term: From 1/01/2025 to 12/31/2026

Grantor: Housing and Urban Development (HUD)      Grant Award **\$7,000,000.00**

Is match required:  Yes  No      If yes, match amount required: \_\_\_\_\_

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

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

<b>Total Resources</b>	<b>\$7,000,000.00</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost) \$7,000,000.00

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
_____	_____
_____	_____
Total FTEs	_____

**2. Pass Thru** (Estimated cost) \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$7,000,000.00</b>
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# 2025 Grant Work Plan

Department **Health Department** Division **125** Fund **125** Program **625** Job code **xxxxx**

**Purpose of Grant** (Brief description of work to be performed) **Safe Storage Device Giveaway (AKA Lock it up program)**. To provide safe gun storage devices in Snohomish County at no charge.

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

Grant Term: From 3/01/2024 to 12/31/2025

Grantor: Public Health Seattle and King County Grant Award **\$2,500.00**

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 _____

<b>Total Resources</b>	<b>\$2,500.00</b>
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## EXPENDITURES

**5. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost) \$2,500.00

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) \$\_\_\_\_\_

<b>Total Expenditures</b>	<b>\$2,500.00</b>
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