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**, **23070**, **23071**, **23770**, **30020**, **30115**, **30515**, **30820**, **31121**, **37020**, **40010**, **40015**, **40016**, **40017**.

Purpose of Gra public health fu	•	escription of w	ork to b	e performed) FPHS-LH	IJ-Proviso. Foundational
				rogram Yes Local Othe	r 🗌
Grant Term:	From 1/0	1/2025 to 12/	31/2025		
Grantor: Depar	tment of H	ealth – Conso	lidated C	Contract Gra	nt Award \$7,006,000.0
Is match require	ed: 🔲 Ye	es 🔀 No	If yes	, match amount requir	red:
Match Source	(General F	und, Patient F	ees, In-K	ind, etc.). If County fu	ınded, enter DAC.
			DAC	Amou	unt
				Total Resources	\$ \$7,006,000.00
EXPENDITUR	ES				
1. Internal	Operation	1 S (Admin., Operation	ons, Direct S	ervice, etc.) (Estimated	cost) \$7,006,000.00
Who will compl	ete the wo	ork? Existing F	TE(s) 🗵	Existing project FTE(s) New FTE(s)
If new FTEs are	needed, co	omplete the fo	ollowing.	Attach additional she	eet if needed.
	# FTEs	Classification	l		
Total FTEs					
2. Pass Thru			(Est	imated cost)	\$
				Total Expenditure	s \$7,006,000.00

Department Health	Department	Division 110	Fund 125	Program 610	Job code 10041	
Purpose of Grant (E To provide funding to with the CDC Public H	establish, expar	nd, train, and su	stain the LHJ ¡		tructure Comp A1-LHJ. kforce in accordance	
Existing/ongoing Source of grant f				es Other 🗌		
Grant Term: Fro	om 1/01/2025 t	o 12/31/2025				
Grantor: Department of Health – Consolidated Contract Grant Award \$200,000.00						
Is match required:	☐ Yes ⊠ N	lo If yes,	match amou	ınt required: _		
Match Source (Ger	neral Fund, Pati	ient Fees, In-Ki	nd, etc.). If (County funded,	enter DAC.	
		DAC		Amount		
		DAC		Amount		
			Total Re	sources \$2	200,000.00	
EXPENDITURES						
1. Internal Operat	t iONS (Admin., Oper	ations, Direct Service	, etc.) (Estima	ted cost) \$20	00,000.00	
Who will complete	the work? Exis	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)	
If new FTEs are need	ded, complete	the following.	Attach addit	ional sheet if ne	eeded.	
# F1	TEs Classific	ation				
Total FTEs	<u> </u>					
	_					
2. Pass Thru		(Esti	mated cost)	\$_		
			Total Expe	nditures \$2	00,000.00	

		J	
Purpose of Grant (Brief description of vinealth Work Force Development. To provine health workforce to support jurisdictional (initiatives, in accordance with the CDC Crisis Workforce.	de funding to establish, exp COVID-19 prevention, prepare	oand, train, and aredness, respo	d sustain the LHJ public onse, and recovery
Existing/ongoing program $igties$ Yes Source of grant funding: Federal $igties$		Other	
Grant Term: From 1/01/2025 to 12,	/31/2025		
Grantor: Department of Health – Consc	olidated Contract Gr	ant Award \$2	50,000.00
Is match required: Yes No	If yes, match amount	required: _	
Match Source (General Fund, Patient F	ees, In-Kind, etc.). If Cou	unty funded, e	enter DAC.
	DAC	Amount	
	DAC	Amount	
	Total Reso	urces \$2	50,000.00
	1014111000	•	,
EXPENDITURES		,	
EXPENDITURES 3. Internal Operations (Admin., Operations,			50,000.00
	Direct Service, etc.) (Estimated	l cost) \$25	50,000.00
3. Internal Operations (Admin., Operations,	Direct Service, etc.) (Estimated	I cost) \$25	50,000.00 New FTE(s)
3. Internal Operations (Admin., Operations, Who will complete the work? Existing F	Direct Service, etc.) (Estimated FTE(s)	I cost) \$25	50,000.00 New FTE(s)
3. Internal Operations (Admin., Operations, Who will complete the work? Existing If new FTEs are needed, complete the form	Direct Service, etc.) (Estimated FTE(s)	I cost) \$25	50,000.00 New FTE(s)
3. Internal Operations (Admin., Operations, Who will complete the work? Existing If new FTEs are needed, complete the form	Direct Service, etc.) (Estimated FTE(s)	I cost) \$25	50,000.00 New FTE(s)
3. Internal Operations (Admin., Operations, Who will complete the work? Existing If new FTEs are needed, complete the form	Direct Service, etc.) (Estimated FTE(s)	I cost) \$25	50,000.00 New FTE(s)
3. Internal Operations (Admin., Operations, Who will complete the work? Existing If new FTEs are needed, complete the fermion of the fermion	Direct Service, etc.) (Estimated FTE(s) \(\sime\) Existing project ollowing. Attach addition	I cost) \$25	50,000.00 New FTE(s)
3. Internal Operations (Admin., Operations, Who will complete the work? Existing If new FTEs are needed, complete the form # FTEs Classification ————————————————————————————————————	Direct Service, etc.) (Estimated FTE(s)	I cost) \$25	50,000.00 New FTE(s)

Department Health Departr	ment Division 110	Fund 125 Program	m 610 Job code 10073	
Purpose of Grant (Brief desc Workforce with the Disabili reference guide focused on effectively to Snohomish Co	ity Network: DD Cour how to best commun	ncils. To create and unicate public health in	tilize a communications formation equitably and	ł
Existing/ongoing program Source of grant funding:	Federal State		r 🗌	
Grant Term: From 10/1/	2024 to 9/30/2025			
Grantor: Washington State I	Department of Comm	erce	Grant Award \$93,31	9.00
Is match required: Yes	No If yes,	match amount requi	red:	
Match Source (General Fur	nd, Patient Fees, In-Ki	nd, etc.). If County fu	unded, enter DAC.	
	DAC	Amou	unt	
	DAC	Amou	unt	
		Total Resources	s \$93,319.00	
EXPENDITURES				
1. Internal Operations (Adm	nin., Operations, Direct Service,	etc.) (Estimated cost)	\$93,319.00	
Who will complete the work	k? Existing FTE(s) 🔀	Existing project FTE((s) New FTE(s)	
If new FTEs are needed, con	nplete the following.	Attach additional she	eet if needed.	
# FTEs C	Classification			
Total FTEs				
2. Pass Thru	(Estir	mated cost)	\$	
		Total Expenditure	es \$93,319.00	

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 X Yes Source of grant funding: Federal State Local Other X 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 _____ **Total Resources** \$500,000.00 **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. Classification # FTEs **Total FTEs** 2. Pass Thru (Estimated cost) **Total Expenditures** \$500,000.00

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 X Yes New program Yes Source of grant funding: Federal X 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 Amount **Total Resources** \$2,391,448.00 **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. Classification # FTEs **Total FTEs** 2. Pass Thru (Estimated cost) **Total Expenditures** \$2,391,448.00

Department Health Departmen	t 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 Source of grant funding: Fed							
Grant Term: From 1/01/202	5 to 12/31/2025						
Grantor: Department of Health	 Consolidated Co 	ontract	Grant Awa	ard \$19,678.00			
Is match required: Yes	No If yes,	match amour	nt required: _				
Match Source (General Fund, F	atient Fees, In-Ki	nd, etc.). If Co	ounty funded,	enter DAC.			
	DAC		Amount				
	DAC		Amount				
		Total Res	sources \$1	19,678.00			
EXPENDITURES							
1. Internal Operations (Admin., O	perations, Direct Service,	etc.) (Estimate	ed cost) \$19	9,678.00			
Who will complete the work? E	xisting FTE(s) 🔀	Existing proj	ect FTE(s)	New FTE(s)			
If new FTEs are needed, comple	te the following.	Attach addition	onal sheet if ne	eded.			
# FTEs Class	ification						
							
Total FTEs							
2. Pass Thru	(Estir	mated cost)	\$				
			· _				

Department H o	ealth Departm	ent Division 11	0 Fund 125	Program 610	Job code 23054
To provide fun with those con	ding to perforn ditions related	• •	on-based surve spiratory Virus	illance on hosp Hospitalization	italizations associated Surveillance Network),
_		Yes New Federal State	· — — — —		
Grant Term	: From 1/01/2	025 to 12/31/202	5		
Grantor: Depai	rtment of Healt	th – Consolidated	Contract	Grant Aw	ard \$15,743.00
Is match requir	red: Yes	⊠ No If ye	es, match amo	unt required:	
Match Source	(General Fund	l, Patient Fees, In	Kind, etc.). If	County funded,	enter DAC.
		DAC		Amount _	
		DAC _		Amount _	
			Total Re	esources \$	15,743.00
EXPENDITUR	RES				
3. Internal Op	erations (Admin	., Operations, Direct Serv	ce, etc.) (Estima	ted cost) \$1	5,743.00
Who will comp	lete the work?	Existing FTE(s)	Existing pro	oject FTE(s)	New FTE(s)
If new FTEs are	needed, comp	olete the followin	g. Attach addi	tional sheet if n	eeded.
	# FTEs Cla	assification			
Total FTEs					
4. Pass Thru		(E:	stimated cost)	\$_	
			Total Evna	enditures \$:	IE 742 00

Department Health Department	Division 110	Fund 125	Program 610	Job code 23055
Purpose of Grant (Brief description To provide funding to perform activity with those conditions related to RI a general term for three separate	ive population- ESP-NET (Respi	based survei ratory Virus I	llance on hosp Hospitalization	oitalizations associated n Surveillance Network),
Existing/ongoing program 🔀 Y Source of grant funding: Feder				
Grant Term: From 1/01/2025 t	to 12/31/2025			
Grantor: Department of Health – C	Consolidated Co	ontract	Grant Aw	vard \$43,292.00
Is match required: Yes X	lo If yes,	match amou	nt required:	
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If C	County funded	, enter DAC.
	DAC		Amount _	
<u></u>	DAC		Amount _	
		Total Re	sources \$	43,292.00
EXPENDITURES				
5. Internal Operations (Admin., Opera	ations, Direct Service,	etc.) (Estimat	ed cost) \$	43,292.00
Who will complete the work? Exis	ting FTE(s) 🖂	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if i	needed.
# FTEs Classific	cation			
Total FTEs				
6. Pass Thru	(Esti	mated cost)	\$.	

De	partment He	ealth Depa	rtment	Division 110	Fund 125	Program 610	Job code 37042	
То	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							
	Grant Term	: From 1/0	1/2025 to	12/31/2025				
Gra	antor: Depar	tment of H	lealth – Co	onsolidated Co	ontract	Grant Aw	rard \$535,318.00	
ls r	natch requir	ed: Ye	es 🛭 N	o If yes,	match amou	ınt required:		
V	latch Source	(General F	und, Patio	ent Fees, In-Ki	nd, etc.). If (County funded	, enter DAC.	
_				DAC		Amount _		
				DAC		Amount _		
					Total Re	sources \$	535,318.00	
EX	PENDITUR	ES						
7.	Internal Op	erations (A	ıdmin., Operat	tions, Direct Service,	etc.) (Estima	ted cost) \$!	535,318.00	
Wł	no will comp	lete the wo	ork? Exist	ing FTE(s) 🖂	Existing pro	ject FTE(s)	New FTE(s)	
If r	iew FTEs are	needed, c	omplete t	he following.	Attach addit	ional sheet if r	needed.	
		# FTEs	Classifica	ation				
To	tal FTEs							
8.	Pass Thru			(Esti	mated cost)	\$_		
					Total Expe	nditures \$	535,318.00	
					•	<u>'</u>	<u> </u>	

Department Health Departm	ent Division 110	Fund 125 Program 61	.0 Job code 37043
Purpose of Grant (Brief descriptions) support the growth and develop	•	performed) Molina MRC	Support Activities. To
Existing/ongoing program Source of grant funding:			
Grant Term: From 1/01/2	2025 to 12/31/2025		
Grantor: Molina Healthcare o	of Washington	Grant Award	\$5,000.00
Is match required: Yes	⊠ No If yes,	match amount required:	
Match Source (General Fund	d, Patient Fees, In-Ki	nd, etc.). If County funde	ed, enter DAC.
	DAC	Amount	
	DAC	Amount	
		Total Resources	\$5,000.00
EXPENDITURES 1. Internal Operations (Admi	n., Operations, Direct Service,	etc.) (Estimated cost)	\$5,000.00
Who will complete the work? If new FTEs are needed, complete the work?			
	assification		
Total FTEs			
2. Pass Thru	(Estii	mated cost)	\$

Department Health Department Divisi	on 110 Fund 125	Program 610	Job code 37044
Purpose of Grant (Brief description of wo Award. To support the growth and developed capabilities.	• • • • • • • • • • • • • • • • • • • •		•
Existing/ongoing program 🔀 Yes Source of grant funding: Federal 🗌	· — — —		
Grant Term: From 1/01/2025 to 12/3	1/2025		
Grantor: NACCHO		Grant Award \$1	0,000.00
Is match required: Yes No	If yes, match amou	int required: _	
Match Source (General Fund, Patient Fe	es, In-Kind, etc.). If (County funded,	enter DAC.
	OAC	Amount	
	OAC	Amount	
	Total Re	sources \$1	.0,000.00
EXPENDITURES			
1. Internal Operations (Admin., Operations, Di	rect Service, etc.) (Estimat	ed cost) \$10	0,000.00
Who will complete the work? Existing FT	E(s) Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete the fol	lowing. Attach addit	ional sheet if ne	eded.
# FTEs Classification			
Total FTEs			
2. Pass Thru	(Estimated cost)	\$	
	Total Expe	nditures \$1	0,000.00

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 X 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 _____ **Total Resources** \$161,292.00 **EXPENDITURES** \$161,292.00 1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) 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. Classification # FTEs **Total FTEs** 2. Pass Thru (Estimated cost) Total Expenditures \$161,292.00

		_					
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 A	ward \$200,000.00				
Is match required: Yes X	No If yes, mat	ch amount required:					
Match Source (General Fund, Pat	ient Fees, In-Kind, e	etc.). If County funde	ed, enter DAC.				
	DAC	Amount					
	DAC	Amount					
	Т	otal Resources	\$200,000.00				
EXPENDITURES							
1. Internal Operations (Admin., Ope	rations, Direct Service, etc.)	(Estimated cost)	\$200,000.00				
النبي عالم معامل معامل معامل النبي عالم							
Who will complete the work? Exis	sting FTE(s) 🔀 Exis	sting project FTE(s) $lacksquare$	New FTE(s)				
If new FTEs are needed, complete							
·	the following. Atta						
If new FTEs are needed, complete	the following. Atta						
If new FTEs are needed, complete	the following. Atta						
If new FTEs are needed, complete	the following. Atta						
If new FTEs are needed, complete # FTEs Classifie	the following. Atta						
If new FTEs are needed, complete # FTEs Classifie	the following. Atta	ch additional sheet i					
If new FTEs are needed, complete # FTEs Classifie Total FTEs	the following. Atta	ch additional sheet i					
If new FTEs are needed, complete # FTEs Classifie Total FTEs	the following. Attacation (Estimate	ch additional sheet i	f needed.				

Division 110	Fund 125	Program 610	Job code xxxxx
	•	_	• •
o 12/31/2025			
vork-North Sou	ınd ACH	Gr	ant Award \$50,000.00
lo If yes,	match amou	ınt required: _	
ient Fees, In-Ki	nd, etc.). If (County funded,	enter DAC.
DAC		Amount	
DAC		Amount	
	Total Re	sources \$!	50,000.00
rations, Direct Service	, etc.) (Estima	ted cost) \$5	0,000.00
ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)
the following.	Attach addit	ional sheet if n	eeded.
cation			
(Esti	mated cost)	\$_	
	Total Expe	nditures \$5	0,000.00
	n of work to be vent to highlight nity resources. Tes New properties of 12/31/2025 work-North South of the s	n of work to be performed) vent to highlight Black, Indige nity resources. Tes New program Y al State Local C to 12/31/2025 vork-North Sound ACH Io If yes, match amountient Fees, In-Kind, etc.). If the DAC	n of work to be performed) Addressing BIPC vent to highlight Black, Indigenous, and people nity resources. Ses New program Yes all State Local Other Graduate State State Graduate State Graduate State State State State Graduate State State State Graduate State State State Graduate State

	Division 130 Fund		630 Job code 30010
Purpose of Grant (Brief description Capacity (EHC) to Detect, Preventioner, Evidence-based Approach migration of existing data into new	t, and Control Enviro nes-CDC. Software Up	nmental Health Hegrade - Purchase,	lazards through Data- , implementation, and
Existing/ongoing program X Source of grant funding: Fede			
Grant Term: From 9/01/2024	to 12/31/2025		
Grantor: CDC		Grant	Award \$300,000.00
Is match required: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	No If yes, match	h amount require	d:
Match Source (General Fund, Pa	tient Fees, In-Kind, et	c.). If County fun	ded, enter DAC.
	DAC	Amoun	t
	DAC	Amoun	t
	To	tal Resources	\$300,000.00
EXPENDITURES		tal Resources	\$300,000.00
EXPENDITURES 1. Internal Operations (Admin., Operations)			\$300,000.00
	erations, Direct Service, etc.)([Estimated cost)	\$300,000.00
1. Internal Operations (Admin., Operations (Madmin., Operations) (Admin., Operations)	erations, Direct Service, etc.)(I	Estimated cost) ing project FTE(s)	\$300,000.00 New FTE(s)
1. Internal Operations (Admin., Ope	erations, Direct Service, etc.) (lessenting FTE(s)	Estimated cost) ing project FTE(s)	\$300,000.00 New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exil If new FTEs are needed, complete	erations, Direct Service, etc.) (lessenting FTE(s)	Estimated cost) ing project FTE(s)	\$300,000.00 New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exil If new FTEs are needed, complete	erations, Direct Service, etc.) (lessenting FTE(s)	Estimated cost) ing project FTE(s)	\$300,000.00 New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exil If new FTEs are needed, complete	erations, Direct Service, etc.) (lessenting FTE(s)	Estimated cost) ing project FTE(s)	\$300,000.00 New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exi If new FTEs are needed, complete # FTEs Classifi	erations, Direct Service, etc.) (lessenting FTE(s)	Estimated cost) ing project FTE(s)	\$300,000.00 New FTE(s)
1. Internal Operations (Admin., Operations) Who will complete the work? Exi If new FTEs are needed, complete # FTEs Classifi	erations, Direct Service, etc.) (lessenting FTE(s)	Estimated cost) ing project FTE(s) h additional shee	\$300,000.00 New FTE(s)

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								
Grant Term: From 1/01/2024	to 12/31/2025							
Grantor: Microsoft			Grant Awa	rd \$300,000.00				
Is match required: Yes X	lo If yes,	match amou	nt required: _					
Match Source (General Fund, Pati	ent Fees, In-Ki	nd, etc.). If C	County funded,	enter DAC.				
	DAC		Amount					
	DAC		Amount					
		Total Re	sources \$3	800,000.00				
EXPENDITURES								
1. Internal Operations (Admin., Oper	ations, Direct Service,	etc.) (Estimat	ed cost) \$30	00,000.00				
Who will complete the work? Exis	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)				
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if ne	eeded.				
# FTEs Classific	ation							
Total FTEs								
2. Pass Thru	(Estir	mated cost)	\$_					
	-	Total Expe	nditures \$3	00,000.00				

Total Expenditures \$150,000.00								
2. Pass Thru (Estimated cost) \$								
Total FTEs								
# FTEs Classification								
If new FTEs are needed, complete the following. Attach additional sheet if needed.								
Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)								
1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$150,000.00								
EXPENDITURES								
Total Resources \$150,000.00								
DAC Amount								
DAC Amount								
Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.								
Is match required: Yes No If yes, match amount required:								
Grantor: Health Resources and Services Administration Grant Award \$150,000.00								
Grant Term: From 8/01/2024 to 7/31/2025								
Existing/ongoing program Yes New program Yes Source of grant funding: Federal State Local Other								
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.								
Department Health Department Division 130 Fund 125 Program 630 Job code 30010								

				Total Expe	nditures \$	3,600.00
2. Pass	Thru		(Esti	mated cost)	Ç	<u>; </u>
Total FTE:	s					
						
	# FTEs	Classifica	ation			
If new FT	Es are needed, c	•	_	Attach addit	ional sheet if	needed.
Who will	complete the w	ork? Exist	ing FTE(s)	Existing pro	ject FTE(s)	New FTE(s)
1. Interr	nal Operations (A	Admin., Operat	ions, Direct Service,	etc.) (EStima	ted cost) \$	3,600.00
EXPEND						
				iotai Ke	sources	\$3,600.00
			DAC		Amount _	
			DAC			
Match 3	ource (General F	-unu, Patit		•	•	
			•		•	
	required: \square Y	_				waru 33,000.00
	Department of F	-		ontract	Grant A	ward \$3,600.00
	Term: From 1/0	_			Other	
	ng/ongoing prog e of grant fundir					
-	urveys and prov	-		•	-	vey Fees. To conduct non-community Group A
Departme	ent Health Depa	rtment	Division 130	Fund 125	Program 630) Job code 30137

	_ _ (Estimated cost)	\$_	
	_ _ (Estimated cost)	\$_	
# FTES CIASSIFICATIO	- -		
# FTES CIASSITICATIO	_		
# FTES Classification			
# FTEs Classificatio	on		
If new FTEs are needed, complete the	following. Attach addi	tional sheet if n	eeded.
Who will complete the work? Existing	FTE(s) Existing pro	oject FTE(s)	New FTE(s)
3. Internal Operations (Admin., Operations,	, Direct Service, etc.) (Estima	ted cost) \$4	,000.00
EXPENDITURES			
	Total Re	esources \$4	1,000.00
	DAC	Amount	
	DAC	Amount	
Match Source (General Fund, Patient	Fees, In-Kind, etc.). If	County funded,	enter DAC.
Is match required:	If yes, match amo	unt required: _	
Grantor: Department of Health – Cons	olidated Contract	Grant Awa	ard \$4,000.00
Grant Term: From 1/01/2025 to 12	2/31/2025		
Existing/ongoing program 🔀 Yes Source of grant funding: Federal [
	<u>-</u>	assistance to sm	nall community and
(15%) TA. To conduct sanitary surveys	•	•	y i ees Locai Asst
Purpose of Grant (Brief description of (15%) TA. To conduct sanitary surveys non-community Group A water system	•	•	y Fees Local Asst

Department Health Department Division 130 Fund 1	.25 Program 630 Job code 30140							
Purpose of Grant (Brief description of work to be perform investigate water quality contamination and issues in sensitive	· · ·							
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 a	mount required:							
Match Source (General Fund, Patient Fees, In-Kind, etc.)	. If County funded, enter DAC.							
DAC	Amount							
DAC	Amount							
Tota	l Resources \$50,000.00							
EXPENDITURES								
1. Internal Operations (Admin., Operations, Direct Service, etc.) (EST	timated cost) \$50,000.00							
Who will complete the work? Existing FTE(s) 🔀 Existing	g project FTE(s) 🔲 New FTE(s) 🔲							
If new FTEs are needed, complete the following. Attach a	additional sheet if needed.							
# FTEs Classification								
Total FTEs								
2. Pass Thru (Estimated co	ost) \$							
Total E	xpenditures \$50,000.00							

Department Health Department Division	n 130 Fund 125	Program 630	Job code 30340
Purpose of Grant (Brief description of world Projects that educate the public on litter confirmplementation of a contamination reduction	trol, waste reductio	n, recycling, or o	
Existing/ongoing program Yes Source of grant funding: Federal	·		
Grant Term: From 1/01/2024 to 12/33	1/2025		
Grantor: Department of Ecology	(Grant Award 11	2,500.00
Is match required: X Yes No	If yes, match amou	nt required: 🙎	37,500.00
Match Source (General Fund, Patient Fees	s, In-Kind, etc.). If C	County funded,	enter DAC.
DA	С	Amount	
DA	C	_ Amount	
	Total Re	sources \$1	150,000.00
EXPENDITURES			
1. Internal Operations (Admin., Operations, Direct	ct Service, etc.) (Estimat	ed cost) \$1	50,000.00
Who will complete the work? Existing FTE((s) 🛛 Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete the follo	wing. Attach addit	ional sheet if ne	eeded.
# FTEs Classification			
			
Total FTEs			
<u>——</u>			
2. Pass Thru	(Estimated cost)	\$_	
	Total Expe	nditures \$1	50,000.00

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 Source of grant funding: Grant Term: From 1/01/ Grantor: Department of Eco Is match required: Yes Match Source (General Fun	logy No If yes, matc	Local Other Grant A	Award \$112,500.00 : \$37,500.00			
	DAC	Amount				
	DAC	Amount				
	To	otal Resources	\$150,000.00			
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	(Estimate	d cost)	\$			
	Tota	al Expenditures	\$150,000.00			

Department Health Department	Division 130	Fund 125	Program 630	Job code 30365
Purpose of Grant (Brief description Assistance. To provide technical at to prevent pollution of waters of the Partnership (formerly known as the Partnership)	ssistance and e	ducation out of the Pollu	reach to small tion Preventio	businesses in an effort n Assistance
Existing/ongoing program X Source of grant funding: Feder	ral State			
Grant Term: From 7/1/2023 to	6/30/2025			
Grantor: Department of Ecology			Grant Awa	ard \$676,892.63
Is match required: Yes X	No If yes,	match amou	nt required:	
Match Source (General Fund, Pat	tient Fees, In-Kii	nd, etc.). If C	County funded	, enter DAC.
	DAC		Amount _	
	DAC		Amount _	
		Total Re	sources \$	676,892.63
EXPENDITURES				
1. Internal Operations (Admin., Oper	rations, Direct Service,	etc.) (Estimat	ed cost) \$6	576,892.63
Who will complete the work? Exis	sting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if r	needed.
# FTEs Classifi	cation			
Total FTEs				
2. Pass Thru	(Estir	mated cost)	\$_	
		Total Expe	nditures \$	676.892.63

Department Health Department	Division 130	Fund 125	Program 630	Job code 30512
Purpose of Grant (Brief description Problem-Solving Cooperative. Cooperation on Lund Use, Food Safe	over FTE costs as	ssociated wit	h Environment	
Existing/ongoing program X Source of grant funding: Fed				
Grant Term: From 11/01/202	24 to 12/31/202	25		
Grantor: U.S. Environmental Pro	tection Agency	Grant	Award \$500,0	00.00
Is match required: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	No If yes,	match amou	ınt required: _	
Match Source (General Fund, P	atient Fees, In-Ki	ind, etc.). If (County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$	500,000.00
EXPENDITURES				
1. Internal Operations (Admin., Op	perations, Direct Service,	, etc.) (Estimat	ted cost) \$5	00,000.00
Who will complete the work? Ex	kisting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complet	te the following.	Attach addit	ional sheet if n	eeded.
# FTEs Classi	fication			
				
Total FTEs				
<u></u>				
2. Pass Thru	(Esti	mated cost)	\$_	
		Total Expe	nditures \$5	500,000.00

Department Health Department	Division 130	Fund 125	Program 630	Job code 30512
Purpose of Grant (Brief descriptio Grant Program - Savvy Septic - Co existing septic systems for low-inc	over a portion o	f costs relate	-	•
Existing/ongoing program 🔀 N Source of grant funding: Feder				
Grant Term: From 9/01/2024	to 8/31/2025			
Grantor: U.S. Department of Hous	sing and Urban	Developmen	t Gran	t Award \$300,000.00
Is match required: Yes X	No If yes,	match amou	unt required:	
Match Source (General Fund, Pat	tient Fees, In-Ki	nd, etc.). If (County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$	300,000.00
EXPENDITURES				
1. Internal Operations (Admin., Ope	erations, Direct Service	, etc.) (Estima	ted cost) \$3	00,000.00
Who will complete the work? Exis	sting FTE(s)	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if n	eeded.
# FTEs Classifi	cation			
	_			
Total FTEs				
2. Pass Thru	(Esti	mated cost)	\$_	
		Total Expe	nditures \$3	300,000.00

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 \$1	.00,000.00				
Is match required: Yes No	If yes,	match amou	ınt required: _					
Match Source (General Fund, Patie	nt Fees, In-Ki	nd, etc.). If (County funded,	enter DAC.				
	DAC		Amount	·····				
	DAC		Amount					
		Total Re	sources \$	100,000.00				
EXPENDITURES								
1. Internal Operations (Admin., Operations)	ions, Direct Service,	etc.) (Estimai	ted cost) \$1	00,000.00				
Who will complete the work? Existing	ng FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)				
If new FTEs are needed, complete th	ne following.	Attach addit	ional sheet if n	eeded.				
# FTEs Classificat	tion							
<u></u>	_							
Total FTEs								
2. Pass Thru	(Estir	mated cost)	\$_					
		Total Expe	nditures \$1	.00,000.00				

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 t	Grant Term: From 7/01/2023 to 12/31/2025						
Grantor: Department of Ecology		(Grant Award \$3 0	0,000.00			
Is match required: Yes X	lo If yes,	match amou	int required: _				
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (County funded,	enter DAC.			
	DAC		Amount				
	DAC		Amount				
		Total Re	sources \$3	0,000.00			
EXPENDITURES							
1. Internal Operations (Admin., Oper	rations, Direct Service,	etc.) (Estimat	ted cost) \$30	0,000.00			
Who will complete the work? Exis	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)			
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if ne	eeded.			
# FTEs Classific	cation						
Total FTEs							
2. Pass Thru	(Estir	mated cost)	\$				
		Total Expe	nditures \$3	0,000.00			

Department Health Department	Division 130	Fund 125	Program 630	Job code 30533			
Purpose of Grant (Brief description To fund implementation of the on-		•		•			
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 – C	Consolidated Co	ontract	Grant Awa	rd \$75,000.00			
Is match required: Yes X	lo If yes,	match amou	int required: _				
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (County funded,	enter DAC.			
	DAC		Amount				
	DAC		Amount				
		Total Re	sources \$7	75,000.00			
EXPENDITURES							
1. Internal Operations (Admin., Opera	ations, Direct Service,	etc.) (Estimat	ced cost) \$7	5,000.00			
Who will complete the work? Exis	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)			
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if no	eeded.			
# FTEs Classific	cation						
Total FTEs							
Total FTEs							
Total FTEs 2. Pass Thru	(Estir	mated cost)	\$_				

Department Health Department	Division 130 Fu	nd 125 Progra	m 630	Job code 30534
Purpose of Grant (Brief descriptio SSI2 Subaward Management Task homeowners within the County to the form of rebates to homeowne educational workshops in the Snot	(3). To provide dire repair or replace f rs to complete reg homish and Stillagu	ect financial assis ailing septic syst ular OSS inspecti uamish watershe	stance to ems, fin ons, and	o low-income ancial incentives in
Existing/ongoing program 🔀 Source of grant funding: Feder			er 🗌	
Grant Term: From 1/01/2025-	12/31/2025			
Grantor: Department of Health – 0	Consolidated Contr	act Gr	ant Awa	ard \$425,000.00
Is match required: Yes X	No If yes, mat	tch amount requ	ired: _	
Match Source (General Fund, Pat	ient Fees, In-Kind,	etc.). If County f	unded,	enter DAC.
	DAC	Amo	unt	
	DAC	Amo	unt	
	Ţ	Total Resource	s \$4	125,000.00
EXPENDITURES				
1. Internal Operations (Admin., Oper	ations, Direct Service, etc.)	(Estimated cost) \$42	25,000.00
Who will complete the work? Exis	sting FTE(s) 🔀 Exi	sting project FTE	(s)	New FTE(s)
If new FTEs are needed, complete	the following. Atta	ach additional sh	eet if ne	eeded.
# FTEs Classific	cation			
	. <u></u>			
·				
Total FTEs				
2. Pass Thru	(Estimat	ed cost)	Ś	
			Υ	

Program **630** Job code **30538**

Department Health Department Division 130 Fund 125

Purpose of Grant (Brief description of work empower OSS owners to participate in a cofinancial barriers to OSS replacement, repair system maintenance. Existing/ongoing program Yes N Source of grant funding: Federal Grant Term: From 7/01/2023 to 6/30/2	llective Puget Sound water quair and maintenance and provide when the program Test Test Test Test Test Test Test Test	ality solution by removing ling education on proper
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 fund	ed, enter DAC.
DAG	C Amount	
DAG	C Amount	
	Total Resources	\$500,000.00
EXPENDITURES		
EXPENDITURES 1. Internal Operations (Admin., Operations, Direct	Service, etc.) (Estimated cost)	\$500,000.00
1. Internal Operations (Admin., Operations, Direct		<u></u>
1. Internal Operations (Admin., Operations, Direct Who will complete the work? Existing FTE(s) Existing project FTE(s) [New FTE(s)
1. Internal Operations (Admin., Operations, Direct Who will complete the work? Existing FTE(s) If new FTEs are needed, complete the follow	s) Existing project FTE(s) [New FTE(s)
1. Internal Operations (Admin., Operations, Direct Who will complete the work? Existing FTE(s) If new FTEs are needed, complete the follow	s) Existing project FTE(s) [New FTE(s)
1. Internal Operations (Admin., Operations, Direct Who will complete the work? Existing FTE(s) If new FTEs are needed, complete the follow	s) Existing project FTE(s) [New FTE(s)
1. Internal Operations (Admin., Operations, Direct Who will complete the work? Existing FTE(s If new FTEs are needed, complete the follow # FTEs Classification ———————————————————————————————————	s) Existing project FTE(s) [New FTE(s)
1. Internal Operations (Admin., Operations, Direct Who will complete the work? Existing FTE(s) If new FTEs are needed, complete the follow	s) Existing project FTE(s) [New FTE(s)
1. Internal Operations (Admin., Operations, Direct Who will complete the work? Existing FTE(s If new FTEs are needed, complete the follow # FTEs Classification ———————————————————————————————————	s) Existing project FTE(s) [New FTE(s)

Purpose of Grant (Brief description of work to update funding code for GFS and add funding increase inspections compliance.	· · · · · · · · · · · · · · · · · · ·	_
Existing/ongoing program Yes New Source of grant funding: Federal Sta	·	
Grant Term: From 1/01/2025 to 12/31/20	025	
Grantor: Department of Health – Consolidate	ed Contract Grant	Award \$31,969.00
Is match required: \square Yes \boxtimes No	yes, match amount required	d:
Match Source (General Fund, Patient Fees, I	n-Kind, etc.). If County fund	ded, enter DAC.
DAC	Amoun	t
DAC	Amoun	t
	Total Resources	\$31,969.00
	rotal nesources	φ σ Ξ/σσσ.σσ
EXPENDITURES	Total Nessalices	401)303166
EXPENDITURES 3. Internal Operations (Admin., Operations, Direct Se		
3. Internal Operations (Admin., Operations, Direct Se	ervice, etc.) (Estimated cost)	\$31,969.00
3. Internal Operations (Admin., Operations, Direct See Who will complete the work? Existing FTE(s)	ervice, etc.) (Estimated cost) Existing project FTE(s)	\$31,969.00 New FTE(s)
3. Internal Operations (Admin., Operations, Direct See Who will complete the work? Existing FTE(s) If new FTEs are needed, complete the following	ervice, etc.) (Estimated cost) Existing project FTE(s)	\$31,969.00 New FTE(s)
3. Internal Operations (Admin., Operations, Direct See Who will complete the work? Existing FTE(s)	ervice, etc.) (Estimated cost) Existing project FTE(s)	\$31,969.00 New FTE(s)
3. Internal Operations (Admin., Operations, Direct See Who will complete the work? Existing FTE(s) If new FTEs are needed, complete the following	ervice, etc.) (Estimated cost) Existing project FTE(s)	\$31,969.00 New FTE(s)
3. Internal Operations (Admin., Operations, Direct Set Who will complete the work? Existing FTE(s) If new FTEs are needed, complete the following # FTEs Classification # FTEs Classification	ervice, etc.) (Estimated cost) Existing project FTE(s)	\$31,969.00 New FTE(s)
3. Internal Operations (Admin., Operations, Direct See Who will complete the work? Existing FTE(s) If new FTEs are needed, complete the following	ervice, etc.) (Estimated cost) Existing project FTE(s)	\$31,969.00 New FTE(s)
3. Internal Operations (Admin., Operations, Direct Set Who will complete the work? Existing FTE(s) If new FTEs are needed, complete the following # FTEs Classification # FTEs Classification Total FTEs	ervice, etc.) (Estimated cost) Existing project FTE(s)	\$31,969.00 New FTE(s)
3. Internal Operations (Admin., Operations, Direct Set Who will complete the work? Existing FTE(s) If new FTEs are needed, complete the following # FTEs Classification # FTEs Classification Total FTEs	ervice, etc.) (Estimated cost) Existing project FTE(s) ing. Attach additional sheet	\$31,969.00 New FTE(s) if needed.

Department Health Department	: Division 130	Fund 125	Program 630	Job code 30810
Purpose of Grant (Brief description Environmental Health Association Food Safety program standards.		•		-
Existing/ongoing program Source of grant funding: Fed			es] Other [
Grant Term: From 1/01/2024	4 to 12/31/2025	5		
Grantor: NEHA/FDA			Grant Awa	rd \$26,500.00
Is match required: Yes	No If yes,	match amou	ınt required: _	
Match Source (General Fund, Pa	atient Fees, In-K	ind, etc.). If (County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$2	26,500.00
EXPENDITURES				
1. Internal Operations (Admin., O	perations, Direct Service	e, etc.) (Estimat	ted cost) \$26	5,500.00
Who will complete the work? Ex	kisting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complet	e the following.	Attach addit	ional sheet if ne	eeded.
# FTEs Classi	fication			
Total FTEs				
2. Pass Thru	(Esti	mated cost)	\$	
		Total Expe	nditures \$2	6,500.00

Department Health Department	Division 130	Fund 125	Program 630	Job code 31215
Purpose of Grant (Brief description	on of work to be	performed)	Vector-borne	Γ2&3 Epi ELC FPH.
To conduct weekly mosquito surv mosquito season, June through Se		st Nile virus (WNV) in Snoho	mish County during
Existing/ongoing program \(\subseteq \) Source of grant funding: Fede	ral 🛛 State [
Grant Term: From 1/01/2025	to 12/31/2025			
Grantor: Department of Health –	Consolidated Co	ontract	Grant Awa	ard \$3,000.00
Is match required: Yes	No If yes,	match amou	nt required: _	
Match Source (General Fund, Pa	tient Fees, In-Ki	nd, etc.). If (County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$3	3,000.00
EXPENDITURES				
1. Internal Operations (Admin., Oper	rations, Direct Service,	etc.) (Estimat	ed cost) \$3	,000.00
Who will complete the work? Exis	sting FTE(s) $oxed{igwedge}$	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if n	eeded.
# FTEs Classifi	cation			
Total FTEs				
2. Pass Thru	(Esti	mated cost)	\$_	
		Total Expe	nditures \$3	,000.00

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 Amount **Total Resources** \$11,000.00 **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) **Total Expenditures** \$11,000.00

Department Health Dep	partment	Division 130	Fund 125	Program 630	Job code 40284
Purpose of Grant (Brief Correction) in partnership water quality contamination	p with Snoho	omish County S	urface Water	-	
Existing/ongoing pro Source of grant fund	_				
Grant Term: From 1	/01/2024	to 9/30/2027			
Grantor: Department of	f Health			Grant Award \$9	90,000.00
Is match required:	Yes 🖂 N	lo If yes,	match amou	unt required: _	
Match Source (Genera	l Fund, Pati	ient Fees, In-Ki	nd, etc.). If (County funded,	enter DAC.
		DAC		Amount	
		DAC		Amount	
			Total Re	sources \$9	90,000.00
EXPENDITURES					
3. Internal Operation	S (Admin., Oper	ations, Direct Service	, etc.) (Estima	ted cost) \$9	0,000.00
Who will complete the	work? Exis	ting FTE(s) 🔀	Existing pro	oject FTE(s)	New FTE(s)
If new FTEs are needed,	, complete	the following.	Attach addit	tional sheet if no	eeded.
# FTEs	Classific	ation			
Total FTEs					
					
4. Pass Thru		(Estii	mated cost)	\$_	
			Total Expe	nditures \$9	0,000.00

Department Health Department	Division 130	Fund 125	Program 630	Job code xxxxx	
Purpose of Grant (Brief description To provide technical assistance an				inking Water.	
Existing/ongoing program Y Source of grant funding: Feder Grant Term: From 1/01/2025 t	al State				
Grantor: Department of Health – (ntract	Grant Awa	ard \$150,000.00	
·				-	
	-		unt required: _		
Match Source (General Fund, Pat		,			
	<u> </u>				
	DAC		Amount		_
		Total Re	sources \$1	150,000.00	
EXPENDITURES					
1. Internal Operations (Admin.,	Operations, Direct Se	rvice, etc.) (E	stimated cost)	\$150,000.00	
Who will complete the work? Exis	ting FTE(s) 🔀	Existing pro	oject FTE(s)	New FTE(s)	
If new FTEs are needed, complete	the following.	Attach addit	tional sheet if no	eeded.	
# FTEs Classific	cation				
Total FTEs					
2. Pass Thru		(Estimate	d cost)	\$	
		Total Expe	nditures \$1	50,000.00	

Department Health Department	Division 130	Fund 125	Program 630	Job code xxxxx
Purpose of Grant (Brief description To complete one project identified		•	OSS Action Pla	n Implementation.
Existing/ongoing program Y Source of grant funding: Feder	al State			
Grant Term: From 1/01/2025 t	o 12/31/2026			
Grantor: Puget Sound Partnership			Grant Awa	ard \$183,000.00
Is match required: Yes X	lo If yes,	match amou	ınt required: _	
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$1	183,000.00
EXPENDITURES				
1. Internal Operations (Admin.,		·	stimated cost)	\$150,000.00
Who will complete the work? Exis				
If new FTEs are needed, complete	_	Attach addit	ional sheet if ne	eeded.
# FTEs Classific	cation			
				
Total FTEs				
2. Pass Thru		(Estimate	d cost)	\$33,000.00
		Total Expe	nditures \$1	83,000.00

Department Health Department	Division 130	Fund 125	Program 630	Job code xxxxx
Purpose of Grant (Brief description of Child To maximize the number of child identify and control lead-based phousing populations.	ren under the a	ge of six prot	ected from lea	d poisoning and to
Existing/ongoing program Source of grant funding: Fede	eral State			
Grant Term: From 1/01/2025		Douglanman	t Crant Av	ard \$000 000 00
Grantor: U.S. Department of Hou	_	•		
Is match required: Yes			-	
Match Source (General Fund, Pa		•		, enter DAC.
	DAC		Amount _	
	DAC		Amount _	
		Total Re	sources \$	1,000,000.00
EXPENDITURES				
1. Internal Operations (Admin	., Operations, Direct Se	rvice, etc.) (E	stimated cost)	\$1,000,000.00
Who will complete the work? Ex	sting FTE(s) 🔀	Existing pro	oject FTE(s)	New FTE(s)
If new FTEs are needed, complete	e the following.	Attach addit	tional sheet if r	needed.
# FTEs Classif	ication			
Total FTEs				
2. Pass Thru		(Estimate	d cost)	\$

Total Expenditures \$1,000,000.00

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: X 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 Amount **Total Resources** \$120,000.00 **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. Classification # FTEs **Total FTEs** 2. Pass Thru (Estimated cost)

Total Expenditures

\$120,000.00

Department Health Department 20114, 20610, 20615	Division 125	Fund 125	Program 625	Job code 20110,
Purpose of Grant (Brief description local interventions that impact the				• •
Existing/ongoing program X Y Source of grant funding: Feder				
Grant Term: From 1/01/2025 t	o 12/31/2025			
Grantor: Department of Health – C	Consolidated Co	ontract	Grant Awa	ard \$444,879.00
Is match required: Yes X	lo If yes,	match amou	ınt required: _	
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$4	444,879.00
EXPENDITURES				
1. Internal Operations (Admin.,	Operations, Direct Se	rvice, etc.) (Es	stimated cost)	\$444,879.00
Who will complete the work? Exis	ting FTE(s) 🖂	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if n	eeded.
# FTEs Classific	cation			
Total FTEs				
2. Pass Thru		(Estimate	d cost)	\$
	<u> </u>	Total Expe	nditures \$4	44,879.00

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 X 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 _____ Amount _____ **Total Resources** \$212,576.00 **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. Classification # FTEs **Total FTEs** (Estimated cost) 2. Pass Thru

Total Expenditures \$212,576.00

PENDITURES Internal Operations (Admin., no will complete the work? New FTEs are needed, complete the work of the work of the work? # FTEs Class # FTEs Class # FTES Class # FTES Class	Existing FTE(s)	Existing project FT	t) \$2 E(s)		
Internal Operations (Admin., no will complete the work? new FTEs are needed, comp	Existing FTE(s) \boxtimes lete the following. ι	etc.) (Estimated cos Existing project FT	t) \$2 E(s)	1,450.00 New FTE(s)	
Internal Operations (Admin., no will complete the work? new FTEs are needed, comp	Existing FTE(s) \boxtimes lete the following. ι	etc.) (Estimated cos Existing project FT	t) \$2 E(s)	1,450.00 New FTE(s)	
Internal Operations (Admin., no will complete the work? new FTEs are needed, comp	Existing FTE(s) \boxtimes lete the following. ι	etc.) (Estimated cos Existing project FT	t) \$2 E(s)	1,450.00 New FTE(s)	
Internal Operations (Admin.,	Existing FTE(s)	etc.) (Estimated cos Existing project FT	t) \$2 E(s)	1,450.00 New FTE(s)	
Internal Operations (Admin.,		etc.) (Estimated cos	t) \$2	1,450.00	
	Operations, Direct Service, 6		·	•	
		Total Resource	es \$7	21,450.00	
		Total Deserve	~~ ¢,	24 450 00	
	DAC		ount _		
					_
latch Source (General Fund,					
		·	_		
antor: DSHS					
Grant Term: From 9/15/20	24 to 6/30/2025				
			er 🗌		
ough an evaluation of a chi	• .	it's ability to partic	ipate in	the workfirst progra	1IT1
cus. To assist Dollo stall lift	determining a narer	•		•	am
rpose of Grant (Brief descrieds. To assist DSHS staff in a	ption of work to be	norformed\ \\\au\c			
	Source of grant funding: For Grant Term: From 9/15/20 antor: DSHS match required: Yes	Source of grant funding: Federal State Grant Term: From 9/15/2024 to 6/30/2025 antor: DSHS No If yes, in the source (General Fund, Patient Fees, In-Kin DAC	Grant Term: From 9/15/2024 to 6/30/2025 antor: DSHS Grant A match required: Yes No If yes, match amount required: Source (General Fund, Patient Fees, In-Kind, etc.). If County DAC Amo	Source of grant funding: Federal State Local Other Grant Term: From 9/15/2024 to 6/30/2025 Antor: DSHS Grant Award \$2 Match required: Yes No If yes, match amount required: State Local Other Grant Award \$2 Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, DAC Amount	Source of grant funding: Federal State Local Other Grant Term: From 9/15/2024 to 6/30/2025 antor: DSHS Grant Award \$21,450.00 match required: Yes No If yes, match amount required: latch Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC. DAC Amount

Department Health Departmen	t Division 125	runa 125	Program 625	Job code 20614
Purpose of Grant (Brief descrip A community-based approach t childhood lead poisoning as a p reporting, and surveillance, link population-based interventions	o improving lead ublic health probl ing exposed child	safety in Sno lem through	homish Count strengthening	y. To eliminate blood lead testing,
Existing/ongoing program Source of grant funding: Fed				
Grant Term: From 10/01/20	24 to 9/30/2025			
Grantor: CDC			Grant Award	387,000.00
Is match required: Yes	No If yes,	match amou	ınt required:	
Match Source (General Fund, I	Patient Fees, In-Ki	ind, etc.). If (County funded	, enter DAC.
	DAC		Amount _	
	DAC		Amount _	
		Total Re	sources \$	387,000.00
EXPENDITURES				
1. Internal Operations (Adm	in., Operations, Direct Se	rvice, etc.) (E	stimated cost)	\$387,000.00
Who will complete the work?	xisting FTE(s)	Existing pro	oject FTE(s)	New FTE(s)
If new FTEs are needed, comple	te the following.	Attach addit	ional sheet if r	needed.
# FTEs Class	ification			
Total FTEs				
2. Pass Thru		(Estimate	d cost)	\$
		Total Expe	nditures \$	

Department Health Department	Division 125	Fund 125	Program 625	Job code 21110
Purpose of Grant (Brief description of To assist refugees in obtaining a dom Resettlement.	•	•	•	•
Existing/ongoing program 🔀 Source of grant funding: Fede				
Grant Term: From 10/01/2024	to 9/30/2025			
Grantor: Department of Social and	d Health Service	es	Grant Awa	ard \$300,000.00
Is match required: Yes	No If yes,	match amou	unt required: _	
Match Source (General Fund, Pa	tient Fees, In-Ki	nd, etc.). If (County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$3	300,000.00
EXPENDITURES				
1. Internal Operations (Admin.	Operations, Direct Se	rvice, etc.) (E	stimated cost)	\$300,000.00
Who will complete the work? Exis	sting FTE(s) 🔀	Existing pro	oject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	cional sheet if ne	eeded.
# FTEs Classifi	cation			
Total FTEs				
2. Pass Thru		(Estimate	d cost)	\$
		Total Expe	nditures \$3	00,000.00

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 is 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.	า
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	_
Total Resources \$275,000.00	
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) \$	
Total Expenditures \$275,000.00	

	nt Division 125	Fund 125	Program 625	Job code 21115		
Purpose of Grant (Brief descrip activities that will establish a cappropriate health and immur	ommunity resource	e center that	will provide the	e community with		
Existing/ongoing program [Source of grant funding: Fe						
Grant Term: From 7/01/20)24 to 6/30/2025					
Grantor: Department of Health	n – Consolidated Co	ontract	Grant Awa	rd \$22,234.00		
Is match required: Yes No If yes, match amount required:						
Match Source (General Fund,	Patient Fees, In-Ki	nd, etc.). If C	ounty funded,	enter DAC.		
	DAC		Amount			
	DAC		Amount			
		Total Res	sources \$2	2,234.00		
EXPENDITURES						
1. Internal Operations (Admin.,	Operations, Direct Service,	etc.) (Estima	ited cost) \$22	2,234.00		
1. Internal Operations (Admin., Who will complete the work?		·	·	<u></u>		
•	Existing FTE(s)	Existing proj	ect FTE(s)	New FTE(s)		
Who will complete the work? If new FTEs are needed, complete	Existing FTE(s)	Existing proj	ect FTE(s)	New FTE(s)		
Who will complete the work? If new FTEs are needed, complete	Existing FTE(s)	Existing proj	ect FTE(s)	New FTE(s)		
Who will complete the work? If new FTEs are needed, complete	Existing FTE(s)	Existing proj	ect FTE(s)	New FTE(s)		
Who will complete the work? If new FTEs are needed, complete	Existing FTE(s)	Existing proj	ect FTE(s)	New FTE(s)		
Who will complete the work? If new FTEs are needed, compl # FTEs Class ——————————————————————————————————	Existing FTE(s)	Existing proj	ect FTE(s)	New FTE(s)		
Who will complete the work? If new FTEs are needed, compl # FTEs Class ——————————————————————————————————	Existing FTE(s)	Existing proj	ect FTE(s)	New FTE(s)		
Who will complete the work? If new FTEs are needed, compl # FTEs Class ——————————————————————————————————	Existing FTE(s)	Existing proj Attach additi	ect FTE(s) onal sheet if ne	New FTE(s) eeded.		

Department Health Department	Division 125	Fund 125	Program 625	Job code 21615
Purpose of Grant (Brief description To define required Childhood Vacc				•
Existing/ongoing program Y Source of grant funding: Feder Grant Term: From 1/01/2025 t	al 🛛 State [
Grantor: Department of Health – (ontract	Grant Awa	rd \$81,400.00
<u></u>				-
Is match required: Yes N	•		int required: _	
Match Source (General Fund, Pat		•	•	
	DAC		Amount	
		Total Re	sources \$8	31,400.00
EXPENDITURES				
1. Internal Operations (Admin.,	Operations, Direct Ser	vice, etc.) (Es	stimated cost)	\$81,400.00
Who will complete the work? Exis	sting FTE(s) 🖂	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if ne	eeded.
# FTEs Classific	cation			
Total FTEs				
2. Pass Thru		(Estimate	d cost)	\$
		Total Expe	nditures \$8	1,400.00

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 Source of grant funding: Federal State Local Other Out To the State Sta
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
Total Resources \$49,665.00
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
Total FTEs 2. Pass Thru (Estimated cost) \$

Department Health Department	Division 125	Fund 125 Pr	rogram 625	Job code 21666
Purpose of Grant (Brief descripting activities that will better connect health services, including childhouse)	t recently arrived	Ukrainian refu	`	-
Existing/ongoing program $igtheright igtheright $ Source of grant funding: Fed	· ·		Other	
Grant Term: From 1/01/2025	5 to 12/31/2025			
Grantor: Department of Health -	- Consolidated Co	ntract	Grant Awa	rd \$42,840.00
Is match required: \square Yes \boxtimes	No If yes, r	natch amount	required:	
Match Source (General Fund, Pa	atient Fees, In-Kin	id, etc.). If Cou	unty funded, e	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Reso	urces \$4	2,840.00
EXPENDITURES				
1. Internal Operations (Admin., Op	erations, Direct Service, e	tc.) (Estimated	l cost) \$42	,840.00
Who will complete the work? Ex	kisting FTE(s)	Existing projec	ct FTE(s)	New FTE(s)
If new FTEs are needed, complet	e the following. A	Attach addition	nal sheet if ne	eded.
# FTEs Classi	fication			
Total FTEs				
2. Pass Thru	(Estim	nated cost)	\$	

Department Health Department	Division 125 Fur	nd 125 Program 62	25 Job code 21666
Purpose of Grant (Brief description Perinatal Hepatitis B activities, deliv	•	•	: To define required
Existing/ongoing program X Ye Source of grant funding: Federa	I ⊠ State □		
Grant Term: From 1/01/2025 to			
Grantor: Department of Health – Co	onsolidated Contra	ict Grant A	Award \$23,650.00
Is match required: Yes X No	o If yes, mate	ch amount required:	<u> </u>
Match Source (General Fund, Patie	ent Fees, In-Kind, e	etc.). If County funde	ed, enter DAC.
	DAC	Amount	
	DAC	Amount	
	To	otal Resources	\$23,650.00
EXPENDITURES			
1. Internal Operations (Admin., O	perations, Direct Service, e	etc.) (Estimated cos	\$23,650.00
Who will complete the work? Exist	ing FTE(s) 🔀 Exis	ting project FTE(s)	New FTE(s)
If new FTEs are needed, complete t	he following. Atta	ch additional sheet i	f needed.
# FTEs Classifica	ation		
Total FTEs			
2. Pass Thru	(E	stimated cost)	\$

Department Health Department	Division 125	Fund 125	Program 625	Job code 21670
Purpose of Grant (Brief description To provide infectious disease (Peri			-	titis B.
Existing/ongoing program X Y Source of grant funding: Feder				
Grant Term: From 1/01/2025 t	o 12/31/2025			
Grantor: Department of Health – C	Consolidated Co	ontract	Grant Award \$2	3,650.00
Is match required: Yes X	lo If yes,	match amou	unt required: _	
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$2	3,650.00
EXPENDITURES				
1. Internal Operations (Admin.,	Operations, Direct Ser	vice, etc.) (Es	stimated cost)	\$23,650.00
Who will complete the work? Exis	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if ne	eded.
# FTEs Classific	ation			
Total FTEs				
2. Pass Thru		(Estimate	d cost)	\$
		Total Expe	nditures \$2	3,650.00

Department Hea	alth Depart	tment	Division 125	Fund 125	Program 625	Job code 22015
Purpose of Gran FPH. To provide	•	-		•	•	Control & Prevention - ention services.
Source of gra	ant funding	: Feder	es New p	Local		
	•		o 12/31/2025			
Grantor: Depart				Contract	Grant Aw	/ard \$151,496.00
Is match require	ed: Ye	s 🔀 N	lo If yes	, match amo	unt required:	
Match Source ((General Fu	ınd, Pati	ient Fees, In-k	(ind, etc.). If	County funded	, enter DAC.
			DAC		Amount _	
			DAC		Amount _	
				Total Re	esources \$	5151,496.00
EXPENDITURE	ES					
1. Internal Ope	erations (Ad	min., Opera	ations, Direct Service	e, etc.) (Estima	ated cost) \$3	151,496.00
Who will comple	ete the wo	rk? Exis	ting FTE(s) 🔀	Existing pro	oject FTE(s)	New FTE(s)
If new FTEs are r	needed, co	mplete	the following	Attach addi	tional sheet if r	needed.
	# FTEs	Classific	ation			
_						
_						
Total FTEs						
-						
2. Pass Thru			(Est	imated cost)	\$ <u></u>	

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							
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							
Total Resources \$70,710.00							
EXPENDITURES							
1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$70,710.00							
Who will complete the work? Existing FTE(s)							
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.							
If new FTEs are needed, complete the following. Attach additional sheet if needed.							
If new FTEs are needed, complete the following. Attach additional sheet if needed.							
If new FTEs are needed, complete the following. Attach additional sheet if needed. # FTEs Classification ———————————————————————————————————							
If new FTEs are needed, complete the following. Attach additional sheet if needed. # FTEs Classification ———————————————————————————————————							

Department Health Department	Division 125	Fund 125 F	Program 625	Job code 22024			
Purpose of Grant (Brief descripti (PCHD). To provide infectious dis				• •			
Existing/ongoing program Source of grant funding: Federal Grant Term: From 1/01/2025	eral 🛛 State 🗌						
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, Pa	•		_				
·	DAC	•	•				
	·						
			ources \$3				
EXPENDITURES 1. Internal Operations (Admin. Operations)	Direct Comits	/Estimate	.d cost) \$3/	16 222 00			
1. Internal Operations (Admin., Op.		•	·	16,223.00			
Who will complete the work? Ex				· · · —			
If new FTEs are needed, complet	_	Attach additio	onal sheet if ne	eded.			
# FTEs Classif	fication						
Total FTEs							
2. Pass Thru	(Estir	mated cost)	\$				

Department H	eaith Depai	ımenı	Division 125	Fund 125	Program 625	Job code 22025
Integrated Tes	sting/STD Pi sed integra	r eventior ted infec	1. To expand a tious disease t	nd develop i esting and li	new partnershi nkage to servic	e in high-impact
-			es New pr al State [_		
Grant Term	: From 1/0	1/2025 to	o 12/31/2025			
Grantor: Depa	rtment of H	ealth – C	onsolidated Co	ontract	Grant Aw	ard \$120,000.00
Is match requi	red: 🗌 Ye	es 🛭 N	o If yes,	match amou	unt required:	
Match Source	e (General F	und, Pati	ent Fees, In-Ki	nd, etc.). If	County funded	, enter DAC.
- <u></u>			DAC		Amount _	
			DAC		Amount _	-
				Total Re	sources \$	120,000.00
				i otai itt	Sources 7	120,000.00
EXPENDITUE	RES			Total No	sources 4	120,000.00
EXPENDITUE		dmin., Opera	tions, Direct Service,			120,000.00
1. Internal Op	perations (A			etc.) (Estima	ted cost) \$1	120,000.00
1. Internal Op	perations (A	ork? Exist	ting FTE(s) 🔀	etc.) (Estima Existing pro	ted cost) \$1	120,000.00 New FTE(s)
1. Internal Op	perations (A	ork? Exist	ting FTE(s) $igtimes$ the following.	etc.) (Estima Existing pro	ted cost) \$1	120,000.00 New FTE(s)
1. Internal Op	perations (A plete the wo e needed, co	ork? Exist	ting FTE(s) $igtimes$ the following.	etc.) (Estima Existing pro	ted cost) \$1	120,000.00 New FTE(s)
1. Internal Op	perations (A plete the wo e needed, co	ork? Exist	ting FTE(s) $igtimes$ the following.	etc.) (Estima Existing pro	ted cost) \$1	120,000.00 New FTE(s)
1. Internal Op	perations (A plete the wo e needed, co	ork? Exist	ting FTE(s) $igtimes$ the following.	etc.) (Estima Existing pro	ted cost) \$1	120,000.00 New FTE(s)
1. Internal Op Who will comp If new FTEs are	perations (A plete the wo e needed, co	ork? Exist	ting FTE(s) the following. ation ——	etc.) (Estima Existing pro	ted cost) \$1	120,000.00 New FTE(s)

Department Health Department	Division 125	Fund 125	Program 625	Job code 22230
Purpose of Grant (Brief description funding for tuberculosis (TB) pre				– FPH. To provide
Existing/ongoing program Source of grant funding: Fed	eral 🛛 State [
Grant Term: From 1/01/2025				
Grantor: Department of Health -	_	ontract	Grant Awa	ard \$106,970.00
Is match required: Yes	No If yes,	match amou	nt required: _	
Match Source (General Fund, Pa	atient Fees, In-Ki	ind, etc.). If C	County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$	106,970.00
EXPENDITURES				
1. Internal Operations (Admin	n., Operations, Direct Se	ervice, etc.) (ES	stimated cost)	\$106,970.00
Who will complete the work? Ex	kisting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complet	e the following.	Attach addit	ional sheet if n	eeded.
# FTEs Classi	fication			
Total FTEs				
2. Pass Thru		(Estimated	d cost)	\$
		Total Expe	nditures \$1	.06,970.00

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 Source of grant funding: Federal State Local Other							
Grant Term: From 1/01/2025 t		Local					
Grantor: Department of Health – (ontract	Grant Aw	vard \$653,202.00			
Is match required: Yes N				•			
Match Source (General Fund, Pat							
materi source (certerur unu) i ue	DAC						
			_				
				6653,202.00			
EXPENDITURES							
1. Internal Operations (Admin.,	Operations, Direct Se	vice, etc.) (Es	stimated cost)	\$653,202.00			
Who will complete the work? Exis	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)			
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if r	needed.			
# FTEs Classific	cation						
Total FTEs							
2. Pass Thru		(Estimate	d cost)	\$			
		Total Expe	nditures \$	653,202.00			

		m 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 Source of grant funding: Federal State Local Other Grant Term: From 1/01/2025 to 12/31/2025								
Grantor: Department of Health – Consolidated		ant Award \$110,662.00						
·	es, match amount requi	•						
· — — ·	•							
Match Source (General Fund, Patient Fees, In	•							
		unt						
DAC _	Amo	unt						
	Total Resource	s \$110,662.00						
EXPENDITURES								
1. Internal Operations (Admin., Operations, Direct	t Service, etc.) (Estimated	cost) \$110,662.00						
 Internal Operations (Admin., Operations, Direct Who will complete the work? Existing FTE(s) 	· 							
·	Existing project FTE	(s) New FTE(s)						
Who will complete the work? Existing FTE(s)	Existing project FTE	(s) New FTE(s)						
Who will complete the work? Existing FTE(s) If new FTEs are needed, complete the following	Existing project FTE	(s) New FTE(s)						
Who will complete the work? Existing FTE(s) If new FTEs are needed, complete the following	Existing project FTE	(s) New FTE(s)						
Who will complete the work? Existing FTE(s) If new FTEs are needed, complete the followin # FTEs Classification ———————————————————————————————————	Existing project FTE	(s) New FTE(s)						
Who will complete the work? Existing FTE(s) If new FTEs are needed, complete the following	Existing project FTE	(s) New FTE(s)						
Who will complete the work? Existing FTE(s) If new FTEs are needed, complete the followin # FTEs Classification —————— Total FTEs Total FTEs	Existing project FTE	(s) New FTE(s)						

Department He	ealth Depai	rtment	Division 125	Fund 125	Program 62 !	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.							
Source of g	rant fundin	g: Federa	es New pro				
	-	-	12/31/2025				
Grantor: Depar						ward \$376,924.00	
Match Source	(General F	und, Patie	ent Fees, In-Ki	nd, etc.). If (County funde	d, enter DAC.	
			DAC		Amount		
			DAC		Amount		
				Total Re	sources	\$376,924.00	
EXPENDITUR	RES						
9. Internal Op	perations (A	dmin., Operat	ions, Direct Service,	etc.) (Estima	ced cost)	376,924.00	
Who will comp	lete the wo	ork? Exist	ing FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)	
If new FTEs are	needed, co	omplete t	he following.	Attach addit	ional sheet if	needed.	
	# FTEs	Classifica	ation				
							
Total FTEs							
TOtallies							
10. Pass Thru			(Estir	mated cost)	Ş	S	
				Total Expe	nditures (\$376,924.00	

Department Health Department	Division 125	Fund 125	Program 625	Job code 23050			
Purpose of Grant (Brief description of work to be performed) SNF Strike Teams HAI ELC. To provide funding to SCHD Communicable Disease (CD) Section for the staff and activities pertaining to COVID-19 prevention and outbreak response through technical assistance to nursing homes in the SCHD jurisdiction.							
Existing/ongoing program 🔀 Y Source of grant funding: Feder							
Grant Term: From 1/01/2025 t	to 12/31/2025						
Grantor: Department of Health – C	Consolidated Co	ontract	G	rant Award \$50,059.00			
Is match required: Yes X	lo If yes,	match amou	ınt required:				
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If	County funded	, enter DAC.			
	DAC		Amount _				
	DAC		Amount _				
		Total Re	sources \$	50,059.00			
EXPENDITURES							
1. Internal Operations (Admin., Opera	ations, Direct Service,	etc.) (Estima	ted cost) \$5	50,059.00			
Who will complete the work? Exis	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)			
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if r	needed.			
# FTEs Classific	cation						
_							
Total FTEs							
2. Pass Thru	(Esti	mated cost)	\$_				
		Total Expe	nditures \$	50,059.00			

Department H	lealth Department	Division 125	Fund 125	Program 625	Job code 23051
To provide fur pertaining to 0	ant (Brief description ading to SCHD Com COVID-19 prevention SCHD jurisdiction.	municable Disea	ise (CD) Sect	ion for the staf	
_	ngoing program $igties$ grant funding: Fed ϵ				
Grant Tern	n: From 1/01/2025	to 12/31/2025			
Grantor: Depa	rtment of Health –	Consolidated Co	ontract	G	rant Award \$50,059.00
Is match requi	ired: 🗌 Yes 🔀	No If yes,	match amou	unt required:	
Match Source	e (General Fund, Pa	tient Fees, In-Ki	nd, etc.). If	County funded	, enter DAC.
		DAC		Amount _	
		DAC		Amount _	
			Total Re	sources \$	50,059.00
EXPENDITU	RES				
1. Interna	al Operations (Admin	., Operations, Direct Se	rvice, etc.) (E	stimated cost)	\$50,059.00
Who will com	plete the work? Ex	isting FTE(s) 🔀	Existing pro	oject FTE(s)	New FTE(s)
If new FTEs ar	e needed, completo	e the following.	Attach addi	tional sheet if r	needed.
	# FTEs Classif	ication			
Total FTEs					
2. Pass Th	ru		(Estimate	d cost)	\$
			Total Expe	nditures \$	50,059.00

Department F	lealth Department	Division 125	Fund 125	Program 625	Job code 23052
To provide fur pertaining to	rant (Brief description ding to SCHD Comm COVID-19 prevention SCHD jurisdiction.	nunicable Disea	se (CD) Sect	ion for the staf	-
_	ngoing program 🔀 \ grant funding: Fedei				
Grant Tern	n: From 1/01/2025	to 12/31/2025			
Grantor: Depa	artment of Health – (Consolidated Co	ontract	G	rant Award \$91,559.00
Is match requ	ired: 🗌 Yes 🔀 🛭	No If yes,	match amou	unt required:	
Match Sourc	e (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If	County funded	, enter DAC.
		DAC		Amount _	
		DAC		Amount _	
			Total Re	sources \$	91,559.00
EXPENDITU	RES				
1. Intern	al Operations (Admin.,	Operations, Direct Se	rvice, etc.) (E	stimated cost)	\$91,559.00
Who will com	plete the work? Exis	ting FTE(s) 🔀	Existing pro	oject FTE(s)	New FTE(s)
If new FTEs ar	e needed, complete	the following.	Attach addi	ional sheet if r	needed.
	# FTEs Classific	cation			
Total FTEs					
2. Pass Th	ru		(Estimate	d cost)	\$

	vision 125 F	und 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							
Grant Term: From 1/01/2025 to 12/31/2025							
Grantor: Whatcom County (DOH)			Grant Awa	ard \$56,000.00			
Is match required: Yes No	If yes, m	atch amour	nt required: _				
Match Source (General Fund, Patient	t Fees, In-Kind	d, etc.). If Co	ounty funded,	enter DAC.			
	DAC		Amount				
	DAC	 	Amount				
		Total Res	ources \$	56,000.00			
EXPENDITURES	EXPENDITURES						
1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$56,000.00							
1. Internal Operations (Admin., Operations	s, Direct Service, etc.	:.) (Estimate	ed cost) \$5	6,000.00			
1. Internal Operations (Admin., Operations) Who will complete the work? Existing							
•	g FTE(s) 🔀 E	xisting proj	ect FTE(s)	New FTE(s)			
Who will complete the work? Existing	g FTE(s) 🔀 E following. At	xisting proj	ect FTE(s)	New FTE(s)			
Who will complete the work? Existing If new FTEs are needed, complete the	g FTE(s) 🔀 E following. At	xisting proj	ect FTE(s)	New FTE(s)			
Who will complete the work? Existing If new FTEs are needed, complete the	g FTE(s) 🔀 E following. At	xisting proj	ect FTE(s)	New FTE(s)			
Who will complete the work? Existing If new FTEs are needed, complete the	g FTE(s) 🔀 E following. At	xisting proj	ect FTE(s)	New FTE(s)			
Who will complete the work? Existing If new FTEs are needed, complete the # FTEs Classification ———————————————————————————————————	g FTE(s) E	xisting projettach addition	ect FTE(s)	New FTE(s)			
Who will complete the work? Existing If new FTEs are needed, complete the # FTEs Classification ———————————————————————————————————	g FTE(s) E	xisting proj	ect FTE(s)	New FTE(s)			

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 🔀 Y Source of grant funding: Feder							
Grant Term: From 2/1/2024 to	12/31/2025						
Grantor: NACCHO			Grant Aw	vard \$257,053.39			
Is match required: Yes X	lo If yes,	match amou	unt required:				
Match Source (General Fund, Pat	ient Fees, In-K	ind, etc.). If	County funded	, enter DAC.			
	DAC		Amount _				
	DAC		Amount _				
		Total Re	sources \$	5257,053.39			
EXPENDITURES							
1. Internal Operations (Admin., Open	rations, Direct Service	e, etc.) (Estima	ted cost) \$7	257,053.39			
Who will complete the work? Exis	ting FTE(s) 🔀	Existing pro	oject FTE(s)	New FTE(s)			
If new FTEs are needed, complete	the following.	Attach addi	tional sheet if r	needed.			
# FTEs Classific	cation						
Total FTEs							
2. Pass Thru	(Esti	mated cost)	<u>\$</u>				

Program **625** Job code **23767**

Department Health Department Division 125 Fund 125

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 X Yes Source of grant funding: Federal					
Grant Term: From 9/1/2024 to 8/3	1/2025				
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 fund	ed, enter DAC.			
	DAC Amount				
	DAC Amount				
	Total Resources	\$889,476.00			
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					
# FTEs Classificatio	_				
	_				
Total FTEs	_				
					
2. Pass Thru	(Estimated cost)	\$			
	Total Expenditures	\$889,476.00			

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 Y Source of grant funding: Feder							
Grant Term: From 9/1/2024 to	8/31/2025						
Grantor: CDC			Grant Aw	ard \$999,500.00			
Is match required: Yes X	lo If yes,	match amou	ınt required:				
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (County funded	, enter DAC.			
	DAC		Amount _				
	DAC		Amount _				
		Total Re	sources \$	999,500.00			
EXPENDITURES							
1. Internal Operations (Admin., Opera	ations, Direct Service,	etc.) (Estima	ted cost) \$9	999,500.00			
Who will complete the work? Exis	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)			
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if r	needed.			
# FTEs Classific	cation						
Total FTEs							
2. Pass Thru	(Estir	mated cost)	\$_				
		Total Expe	nditures \$	999.500.00			

	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 X Y Source of grant funding: Feder							
Grant Term: From 1/01/2025 t	o 12/31/2025						
Grantor: Department of Health – C	Consolidated Co	ontract	Grant Av	ward \$470,068.00			
Is match required: Yes X	lo If yes,	match amou	ınt required:				
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If	County funded	d, enter DAC.			
	DAC		Amount _				
	DAC		Amount _				
		Total Re	sources	\$470,068.00			
EVDENIDITUDES							
EXPENDITURES							
Internal Operations (Admin., Operations)	ations, Direct Service,	etc.) (Estima	ted cost) \$	470,068.00			
		·	·	<u></u>			
1. Internal Operations (Admin., Opera	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)			
1. Internal Operations (Admin., Operations) Who will complete the work? Exis	ting FTE(s) $igotimes$ the following.	Existing pro	ject FTE(s)	New FTE(s)			
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete	ting FTE(s) $igotimes$ the following.	Existing pro	ject FTE(s)	New FTE(s)			
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete	ting FTE(s) $igotimes$ the following.	Existing pro	ject FTE(s)	New FTE(s)			
1. Internal Operations (Admin., Operations) Who will complete the work? Exist If new FTEs are needed, complete	ting FTE(s) $igotimes$ the following.	Existing pro	ject FTE(s)	New FTE(s)			
1. Internal Operations (Admin., Operations) Who will complete the work? Exis If new FTEs are needed, complete # FTEs Classific	ting FTE(s) $igotimes$ the following.	Existing pro	ject FTE(s)	New FTE(s)			
1. Internal Operations (Admin., Operations) Who will complete the work? Exis If new FTEs are needed, complete # FTEs Classific	ting FTE(s) the following. cation	Existing pro	ject FTE(s)	New FTE(s) needed.			

Department Health Department	t Division 125	Fund 125 Prog	gram 625	Job code 37122
Purpose of Grant (Brief descript contract with local health jurisdi			_	•
Existing/ongoing program Source of grant funding: Fed	- <u> </u>		Other 🗌	
Grant Term: From 1/01/202	5 to 12/31/2025			
Grantor: Department of Health -	– Consolidated Co	ontract	Grant Awa	rd \$25,000.00
Is match required: Yes	No If yes,	match amount re	equired: _	
Match Source (General Fund, P	atient Fees, In-Ki	nd, etc.). If Coun	ty funded,	enter DAC.
	DAC	A	mount	
	DAC	A	mount	
		Total Resou	rces \$2	25,000.00
EXPENDITURES				
3. Internal Operations (Admin., Op	perations, Direct Service,	etc.) (Estimated co	ost) \$25	5,000.00
Who will complete the work? Ex	xisting FTE(s) 🔀	Existing project I	FTE(s)	New FTE(s)
If new FTEs are needed, complete	te the following.	Attach additional	I sheet if ne	eded.
# FTEs Classi	ification			
Total FTEs				
4. Pass Thru	(Esti	mated cost)	\$	

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 Y Source of grant funding: Feder	al X State						
Grant Term: From 1/01/2024 t							
Grantor: Department of Health – C				ard \$205,157.00			
Is match required: Yes X	lo If yes,	match amou	int required:				
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (County funded	, enter DAC.			
	DAC		Amount _				
	DAC		Amount _				
		Total Re	sources \$	205,157.00			
EXPENDITURES							
1. Internal Operations (Admin.,	Operations, Direct Se	rvice, etc.) (E	stimated cost)	\$205,157.00			
Who will complete the work? Exis	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)			
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if r	needed.			
# FTEs Classific	cation						
Total FTEs							
2. Pass Thru		(Estimate	d cost)	\$			
		Total Expe	nditures \$2	205,157.00			

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 X Yes Source of grant funding: Federal X 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 Amount **Total Resources** \$1,250,000.00 **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)

Total Expenditures \$1,250,000.00

Department Health Department	Division 125 F	⁻ und 125 F	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 Y Source of grant funding: Feder							
Grant Term: From 8/31/2024 t	o 7/31/2025						
Grantor: NACCHO			Grant Aw	vard \$120,000.00			
Is match required: Yes X	o If yes, m	atch amoun	t required:				
Match Source (General Fund, Pati	ent Fees, In-Kind	d, etc.). If Co	ounty funded	, enter DAC.			
	DAC		Amount _				
	DAC		Amount _				
		Total Reso	ources \$	5120,000.00			
EXPENDITURES							
1. Internal Operations (Admin., G	Operations, Direct Servic	ce, etc.) (Esti	imated cost)	\$120,000.00			
Who will complete the work? Exis	ing FTE(s) 🔀 E	Existing proje	ect FTE(s)	New FTE(s)			
·	If new FTEs are needed, complete the following. Attach additional sheet if needed.						
	J						
							
Total FTEs							
2. Pass Thru		(Estimated	cost)	\$			
	To	otal Expen	ditures \$	120,000.00			

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 Y Source of grant funding: Feder							
Grant Term: From 8/01/2024 t	o 6/30/2025						
Grantor: NACCHO			Grant Awa	ard \$100,000.00			
Is match required: Yes X	lo If yes,	match amou	ınt required:				
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (County funded,	enter DAC.			
	DAC		Amount				
	DAC		Amount				
		Total Re	sources \$	100,000.00			
EXPENDITURES							
1. Internal Operations (Admin.,	Operations, Direct Se	rvice, etc.) (E	stimated cost)	\$100,000.00			
Who will complete the work? Exis	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)			
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if n	eeded.			
Total FTEs							
2. Pass Thru		(Estimate	d cost)	\$			
		Total Expe	nditures \$1	.00,000.00			

Department Health Department	Division 125	Fund 125	Program 62	25 Job code xxxxx
Purpose of Grant (Brief description Community Health (REACH). To imamong racial and ethnic populations work specifically among African Amer Hawaiian/Other Pacific Islander, Amer	prove health, p vith the highest ican, Black, Hisp	revent chroni risk, or burde panic, Latino, a	c diseases, an en, of chronic and Asian Ame	d reduce health disparities disease. REACH programs erican, Native
Existing/ongoing program Y Source of grant funding: Federal	al 🛛 State [_	
Grant Term: From 9/30/2024 t	0 9/30/2029		_	
Grantor: CDC				Award \$1,500,000.00
Is match required: Yes X N	o If yes,	match amou	ınt required:	<u></u>
Match Source (General Fund, Pati	ent Fees, In-Ki	nd, etc.). If	County funde	ed, enter DAC.
	DAC		Amount	
<u></u>	DAC		Amount	
		Total Re	sources	\$1,500,000.00
EXPENDITURES				
1. Internal Operations (Admin., G	Operations, Direct Se	rvice, etc.) (E	stimated cos	t) \$1,500,000.00
Who will complete the work? Exist	ting FTE(s)	Existing pro	iect FTE(s)	New FTE(s)
If new FTEs are needed, complete				_
Timew Treatile fleeded, complete	the following.	Attach adam	ional sheet i	Triccucu.
				
Total FTEs				
2. Pass Thru		(Estimate	d cost)	\$
		Total Expe	nditures	\$1,500,000.00

Department Health Department	Division 125	Fund 125	Program 625	Job code 206xx
Purpose of Grant (Brief description To partially fund case management education efforts targeting BIPOC	nt work or any	of the upstre	am and downst	•
Existing/ongoing program Source of grant funding: Fede				
Grant Term: From 07/01/2024	4 to 6/30/2025			
Grantor: Department of Health –	Consolidated C	ontract	Grant Awa	ard \$20,000.00
Is match required: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	No If yes,	match amou	unt required: _	
Match Source (General Fund, Pa	tient Fees, In-K	ind, etc.). If (County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$2	20,000.00
EXPENDITURES				
1. Internal Operations (Admin.	, Operations, Direct Se	ervice, etc.) (E	stimated cost)	\$20,000.00
Who will complete the work? Exi	sting FTE(s) 🔀	Existing pro	oject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	tional sheet if ne	eeded.
# FTEs Classifi	cation			
Total FTEs				
2. Pass Thru		(Estimate	d cost)	\$
		Total Expe	nditures \$2	0,000.00

Department Health Department	Division 125	Fund 125	Program 625	Job code 206xx
Purpose of Grant (Brief description To continue to conduct sustain a sustain the provider outreach and work and continue efforts around lead testing.	ble case mana d targeted con	ngement and nmunity eng	d WDRS docun gagement (BIP)	nentation, as well as OC and low-income)
Existing/ongoing program 🔀 Y Source of grant funding: Feder			es] Other [
Grant Term: From 07/01/2024	to 6/30/2025			
Grantor: Department of Health – C	Consolidated Co	ontract	Grant Aw	ard \$189,097.46
Is match required: Yes X	lo If yes,	match amou	int required: _	
Match Source (General Fund, Pat	ient Fees, In-Ki	nd, etc.). If (County funded,	enter DAC.
	DAC		Amount	
	DAC		Amount	
		Total Re	sources \$1	189,097.46
EXPENDITURES				
1. Internal Operations (Admin.,	Operations, Direct Ser	vice, etc.) (Es	stimated cost)	\$189,097.46
Who will complete the work? Exis	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)
If new FTEs are needed, complete	the following.	Attach addit	ional sheet if n	eeded.
# FTEs Classific	ation			
				
Total FTEs				
2. Pass Thru		(Estimate	d cost)	\$
		Total Expe	nditures \$1	89.097.46

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					
		Total Re	sources \$7	7,000,000.00				
EXPENDITURES				<u> </u>				
EXPENDITURES 1. Internal Operations (Admin.,	Operations, Direct Serv	vice, etc.) (ES	timated cost)	\$7,000,000.00				
		·						
1. Internal Operations (Admin.,	ting FTE(s)	Existing pro	ject FTE(s)	New FTE(s)				
1. Internal Operations (Admin., Who will complete the work? Exis	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)				
1. Internal Operations (Admin., Who will complete the work? Exis If new FTEs are needed, complete	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)				
1. Internal Operations (Admin., Who will complete the work? Exis If new FTEs are needed, complete	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)				
1. Internal Operations (Admin., Who will complete the work? Exis If new FTEs are needed, complete	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)				
1. Internal Operations (Admin., Who will complete the work? Exis If new FTEs are needed, complete # FTEs Classific ——————————————————————————————————	ting FTE(s) 🔀	Existing pro	ject FTE(s)	New FTE(s)				

Department Health Department Division	125 Fund 125	Program 625	Job code xxxxx		
Purpose of Grant (Brief description of work Lock it up program) . To provide safe gun sto	•	_	• •		
Existing/ongoing program Yes N Source of grant funding: Federal S Grant Term: From 3/01/2024 to 12/31/	tate Local 🔀				
Grantor: Public Health Seattle and King Cou	nty	Grant Awa	rd \$2,500.00		
Is match required: Yes No	f yes, match amou	nt required: _			
Match Source (General Fund, Patient Fees	, In-Kind, etc.). If C	County funded, e	enter DAC.		
DAG	C	Amount			
DAC	C	Amount			
	Total Re	sources \$2	2,500.00		
EXPENDITURES					
5. Internal Operations (Admin., Operations, Direct	Service, etc.) (Estimat	ed cost) \$2,	500.00		
Who will complete the work? Existing FTE(s) 🛚 Existing pro	ject FTE(s)	New FTE(s)		
If new FTEs are needed, complete the follow	wing. Attach addit	ional sheet if ne	eded.		
# FTEs Classification					
Total FTEs					
6. Pass Thru	(Estimated cost)	\$			
Total Expenditures \$2,500.00					