



Snohomish County Council

Legislation Details (With Text)

File #: 2023-1080 **Version:** 1

Type: Budget Motion **Status:** Approved

File created: 9/12/2023 **In control:** Public Hearings

On agenda: 11/8/2023 **Final action:** 11/8/2023

Title: Budget Motion 23-431, approving the 2024 Snohomish County Health Department Grant Work Plan

Sponsors:

Indexes:

Code sections:

Attachments: 1. Motion 23-431, 2. Grant Work Plan, 3. Grant Work Plan Summary, 4. Motion Assignment Sheet

Date	Ver.	Action By	Action	Result
11/8/2023	1	Public Hearings	Approved	Pass
10/24/2023	1	Public Hearings	Continued	
10/3/2023	1	Administrative Session	Set time/date for Public Hearing	

Executive/Council Action Form (ECAF)

ITEM TITLE:

Budget Motion 23-431, approving the 2024 Snohomish County Health Department Grant Work Plan

DEPARTMENT: Finance

ORIGINATOR: Vanessa de Salome`

EXECUTIVE RECOMMENDATION: Ken Klein 9/26/23

PURPOSE: Approval of the 2024 Grant Work Plan for the Snohomish County Health Department

BACKGROUND: SCC 4.26.025 provides for the Dept Director to prepare a Grant Work Plan (GWP) to be submitted by the County Executive for inclusion in the supplemental information submitted to the County Council in accordance with SCC 4.26.021. The attached GWP describes each grant that is anticipated by the Snohomish County Health Department for calendar year 2024. The GWP includes the following information for each grant: department division, fund, program, purpose of grant, grantor, grant term, amount of grant award, amount of matching funds required, source of matching funds, number of required FTEs to perform grant (including an indication if new or project FTEs are required). Also included is the Grant Work Plan Summary for all grants included in the Grant Work Plan.

FISCAL IMPLICATIONS:

EXPEND: FUND, AGY, ORG, ACTY, OBJ, AU	CURRENT YR	2ND YR	1ST 6 YRS
TOTAL			

REVENUE: FUND, AGY, ORG, REV, SOURCE	CURRENT YR	2ND YR	1ST 6 YRS
TOTAL			

DEPARTMENT FISCAL IMPACT NOTES: Click or tap here to enter text.

CONTRACT INFORMATION:

ORIGINAL _____ CONTRACT# _____ AMOUNT _____
AMENDMENT _____ CONTRACT# _____ AMOUNT _____

Contract Period

ORIGINAL START _____ END _____
AMENDMENT START _____ END _____

OTHER DEPARTMENTAL REVIEW/COMMENTS: Reviewed/approved by: Finance (Nathan Kennedy 9/26/23)