



# Snohomish County Council

## Legislation Text

File #: 2022-0543, Version: 1

### Executive/Council Action Form (ECAF)

**ITEM TITLE:**

Motion 22-224, approving the Interlocal Agreement between Snohomish County and the city of Everett relating to the Sex Offender Address and Residency Verification Program

**DEPARTMENT:** Sheriff's Office

**ORIGINATOR:** Dawn Cicero

**EXECUTIVE RECOMMENDATION:** Approve - Ken Klein

**PURPOSE:** Enter into agreement for participation in the Sex Offender Address and Residency Verification Program.

**BACKGROUND:** While the Snohomish County Sheriff's Office and local police departments perform routine checks of registered sex offenders (RSOs), personnel and resources do not allow these law enforcement agencies to focus on address verification of RSOs. In 2008 grant funding was allocated by Governor Gregoire through the State budget and was administered by WASPC to Counties. It is our responsibility to ensure that designated resources are applied to consistent verification of RSOs, and that prosecution of violations occurs. Our 2021-20221 grant is a continuation of those funds. The Snohomish County Sheriff's Office, Everett PD, and the Prosecutors' Office have established a task force that will allow for address verification and consistent prosecution of registered sex offenders. The attached contract distributes \$101,000 of our \$319,947 award to Everett PD to fund one Detective. The Sheriff requests Executive and Council approval of the attached 1-year contract to fully staff our RSO address verification program.

**FISCAL IMPLICATIONS:**

EXPEND: FUND, AGY, ORG, ACTY, OBJ, AU	CURRENT YR	2ND YR	1ST 6 YRS
130 525 30 129 4 4125 - LE Officers	\$101,000		
<b>TOTAL</b>	\$101,000		

REVENUE: FUND, AGY, ORG, REV, SOURCE	CURRENT YR	2ND YR	1ST 6 YRS
130 325 30 129 4	\$101,000		

<b>TOTAL</b>	\$101,000		
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**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:** Approved as to form by DPA Lyndsey Downs.  
Reviewed/approved by Risk and Finance.