

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Operations 511-112

Grant Title: Flood Mitigation Assistance Grant Program: Community Floodplain Solutions APPLICATION

Purpose of grant (Brief description of work to be performed): APPLICATION to FEMA via subaward from WA Military Department's Emergency Management Division for a feasibility study of the cumulative impact of recently completed and upcoming habitat restoration projects on hydrology and rise; also feasibility and modeling for French Creek/Luckie Farms/diking district area.

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

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

Grant Term: TBD From To

Grantor: Federal Emergency Management Agency Grant Award: \$487,500

Is match required: ☒ Yes ☐ No If yes, match amount required: \$162,500

Match Source (General Fund, Patient Fees, In-Kind, etc.): Snohomish County SWM

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

SWM Utility Service Charges DAC: 415 3095111770 Amount: \$162,500

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$650,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$650,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

FTEs Classification

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$650,000

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133

Grant Title: NOAA Transformational Habitat Restoration and Coastal Resilience Phase 3

Purpose of grant (Brief description of work to be performed): Funding from NOAA for a salmon-related project in the Skykomish River: Shinglebolt Slough Restoration.

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

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

Grant Term: TBD From To

Grantor: National Oceanic and Atmospheric Administration Grant Award: \$3,000,000

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

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

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

Charge Code Title and # _____ Amount: \$_____

Charge Code Title and # _____ Amount: \$_____

Total Resources: \$3,000,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$3,000,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$3,000,000
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2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133

Grant Title: Restoring Fish Passage through Barrier Removal: Snohomish Cooperative Salmon Barrier Removal Project - Phase 3

Purpose of grant (Brief description of work to be performed): Funding from NOAA Restoring Fish Passage through Barrier Removal grant program for a combined package of fish barrier removal projects in the Snohomish River. SWM's project is the Bosworth Robe Menzel fish barrier removal project on Bosworth stream, a tributary to the Pilchuck River.

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

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

Grant Term: TBD From To

Grantor: National Oceanic and Atmospheric Administration Grant Award: \$1,605,500

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

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

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

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$1,605,500

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$1,605,500

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: \$1,605,500
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2026 Grant Work Plan

Department Name: Conservation & Natural Resources 09

Division: Surface Water Management 357, Fund 415

SWM Program: Operations 511-112

Grant: Snohomish/Stillaguamish Local Integrating Organization (LIO) #2026-XX

Purpose of grant: Recurring funding from the Puget Sound Partnership (PSP), originating with the U.S. Environmental Protection Agency, toward continued coordination and communication of the Snohomish-Stillaguamish LIO. The total grant amount for the full three years will be \$450,000, awarded by signing the original grant agreement in 2025, followed by two amendments, one in 2026 and one in 2027. The 2026 amendment will be for \$150,000.

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

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

Grant Term: From 10/1/2025 To 9/30/2028

Grantor: Puget Sound Partnership

Grant Award: \$150,000

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

Total Resources: \$150,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$150,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$_____

Total Expenditures: \$150,000

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133; Operations 511-112

Grant Title: Floodplains by Design Grant Program: Community Floodplain Solutions - Phase 4

Purpose of grant (Brief description of work to be performed): Funding from Ecology for advancing SWM's Community Floodplain Solutions program in the Snohomish River Basin and Estuary.

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

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

Grant Term: From 7/1/2025 To 6/30/2029

Grantor: WA Department of Ecology

Grant Award: \$10,000,000

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

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

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

Charge Code Title and # _____ Amount: \$_____

Charge Code Title and # _____ Amount: \$_____

Total Resources: \$10,000,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$4,980,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$5,020,000

Total Expenditures: \$10,000,000

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133; Operations 511-112

Grant Title: Floodplains by Design Grant Program: Community Floodplain Solutions - Phase 5

Purpose of grant (Brief description of work to be performed): **APPLICATION TO** Ecology for advancing SWM's Community Floodplain Solutions program in the Snohomish River Basin and Estuary.

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

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

Grant Term: From 7/1/2027 To 6/30/2031

Grantor: WA Department of Ecology Grant Award: \$10,000,000

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

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

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

Charge Code Title and # _____ Amount: \$_____

Charge Code Title and # _____ Amount: \$_____

Total Resources: \$10,000,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$5,000,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$5,000,000

Total Expenditures: \$10,000,000

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133; Operations 511-112

Grant Title: Floodplains by Design Grant Program: Community Floodplain Solutions in the Stillaguamish - Phase 1

Purpose of grant (Brief description of work to be performed): **APPLICATION TO** Ecology for beginning SWM's Community Floodplain Solutions program in the Stillaguamish River Basin and Estuary.

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

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

Grant Term: From 7/1/2027 To 6/30/2031

Grantor: WA Department of Ecology Grant Award: \$10,000,000

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

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

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

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$10,000,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$5,000,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$5,000,000

Total Expenditures: \$10,000,000

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133

Grant Title: Water Quality Combined Grant Program: Middle Pilchuck Habitat Restoration

Purpose of grant (Brief description of work to be performed): Funding from Ecology's Water Quality Combined program for Middle Pilchuck Habitat Restoration, which includes adding large woody debris in the mainstem Pilchuck River, enhancing river complexity with bank edge habitat and pools, increasing connectivity to the floodplain and side channels, and increasing conifers.

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

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

Grant Term: From 7/1/2025 To 6/30/2027

Grantor: WA Department of Ecology

Grant Award: \$500,000

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

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

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

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$500,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$500,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$500,000

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133

Grant Title: Flood Assistance Account Program (FCAAP) - Phase 3

Purpose of grant (Brief description of work to be performed): Funding from Ecology/FCAAP to provide technical basis for understanding changes in water quantity and velocity, river movement over the landscape, and impacts to people and property.

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

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

Grant Term: From 7/1/2025 To 6/30/2027

Grantor: WA Department of Ecology Grant Award: \$250,000

Is match required: ☒ Yes ☐ No If yes, match amount required: \$83,333

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

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

SWM Utility Service Charges DAC: 415 3095111770 Amount: \$83,333

Total Resources: \$333,333

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$333,333

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: \$333,333

2026 Grant Work Plan

Department Name: Conservation & Natural Resources 09

Division: Surface Water Management 357, Fund 415

SWM Program: Maintenance 512-126

Grant Title: NPDES Stormwater Capacity #WQSWCAP-2527-SnCoCN-00221

Purpose of grant: Recurring biennial funding from WA Department of Ecology (Ecology) to implement strategies that facilitate compliance with Phase I and Phase II of the National Pollutant Discharge Elimination System (NPDES) municipal stormwater permit requirements.

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

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

Grant Term: TBD

Grantor: WA Department of Ecology

Grant Award: \$120,000

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

Total Resources: \$120,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$120,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$ _____

Total Expenditures: \$120,000

2026 Grant Work Plan

Department Name: Conservation & Natural Resources 09

Division: Surface Water Management 357, Fund 415

SWM Program: Operations 511-112

Grant Title: Marine Resources Committee Operations & Projects #SEANWS-2025-SnCoCN-00011

Purpose of grant: Funding from the Northwest Straits Commission, care of the WA State Department of Ecology (Ecology), to supplement the Snohomish County Marine Resource Committee for Marine Vegetation Outreach work.

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

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

Grant Term: 10/1/2025 to 9/30/2027

Grantor: WA Department of Ecology

Grant Award: \$252,000

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

Total Resources: \$252,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$252,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$ _____

Total Expenditures: \$252,000

2026 Grant Work Plan

Department Name: Conservation & Natural Resources 09

Division: Surface Water Management 357, Fund 415

SWM Program: Operations 511-112

Grant Title: Marine Vegetation #TBD - Application

Purpose of grant: Funding from the Northwest Straits Commission, care of the WA State Department of Ecology (Ecology), to supplement the Snohomish County Marine Resource Committee for Marine Vegetation Outreach work.

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

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

Grant Term: TBD

Grantor: WA Department of Ecology

Grant Award: \$150,000

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

Total Resources: \$150,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$150,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$ _____

Total Expenditures: \$150,000

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-138

Grant Title: Water Quality Combined Grant Program – Stormwater Financial Assistance Program (SFAP): Martha Lake - North Inlet (Step 2 - Construction)

Purpose of grant (Brief description of work to be performed): APPLICATION TO Ecology to construct stormwater retrofits at one site on Martha Lake to improve water quality. Project will help meet NPDES requirements.

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

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

Grant Term: From 7/1/2026 To 6/30/2029

Grantor: WA Department of Ecology Grant Award: \$3,211,847

Is match required: ☒ Yes ☐ No If yes, match amount required: \$583,369

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

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

SWM Utility Service Charges DAC: 415 3095111770 Amount: \$3,795,216

Total Resources: \$3,795,216

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$3,795,216

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: \$3,795,216
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2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133; Operations 511-112

Grant Title: Puget Sound Riparian Systems Lead: Snohomish Basin

Purpose of grant (Brief description of work to be performed): King Conservation District was the lead applicant in the Snohomish Basin for funding from Ecology's Puget Sound Riparian Systems Lead grant program (federal funding from the EPA). This grant will provide funding for SWM projects: riparian planting costs (Middle Pilchuck planting as the anchor project), a database/GIS planning tool, and landowner outreach.

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

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

Grant Term: From 7/1/2025 To 7/31/2029

Grantor: King Conservation District Grant Award: \$249,617

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

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

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

Charge Code Title and # _____ Amount: \$_____

Charge Code Title and # _____ Amount: \$_____

Total Resources: \$249,617

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$249,617

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: \$249,617

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133; Operations 511-112

Grant Title: Puget Sound Riparian Systems Lead: Stillaguamish Basin

Purpose of grant (Brief description of work to be performed): The Stillaguamish Tribe of Indians was the lead applicant in the Stillaguamish Basin for funding from Ecology's Puget Sound Riparian Systems Lead grant program (federal funding from the EPA). This grant will provide funding for SWM projects: noxious weed survey, treatments, and riparian plantings, Streamside Landowner (StreamWise) workshops and outreach, and participation in Stillaguamish Riparian Practitioners Group meetings.

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

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

Grant Term: From 7/1/2025 To 7/31/2029

Grantor: King Conservation District

Grant Award: \$134,908

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

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

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

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$134,908

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$134,908

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: \$134,908

2026 Grant Work Plan

Department Name: Conservation & Natural Resources 09

Division: Surface Water Management 357, Fund 415

SWM Program: Operations 511-112

Grant Title: Snohomish Basin Lead Entity #25-1264P

Purpose of grant: Recurring funding from the WA Recreation and Conservation Office (RCO) to support Lead Entity salmon restoration work in the Snohomish Basin.

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

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

Grant Term: From 7/1/2025 To 6/30/2027

Grantor: WA Recreation and Conservation Office

Grant Award: \$92,275

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

Total Resources: \$92,275

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$92,275

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: \$92,275

2026 Grant Work Plan

Department Name: Conservation & Natural Resources 09

Division: Surface Water Management 357, Fund 415

SWM Program: Operations 511-112

Grant Title: Stillaguamish Basin Lead Entity #25-1265P

Purpose of grant: Recurring funding from the WA Recreation and Conservation Office (RCO) to support Lead Entity salmon restoration work in the Stillaguamish Basin.

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

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

Grant Term: From 7/1/2025 To 6/30/2027

Grantor: WA Recreation and Conservation Office

Grant Award: \$91,537

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

Total Resources: \$91,537

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$91,537

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
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_____	_____
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_____	_____
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Total FTEs: _____

2. Pass-Thru Estimated cost: \$_____

Total Expenditures: \$91,537

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133

Grant Title: South Slough Final Designs #24-1258P

Purpose of grant (Brief description of work to be performed): Funding from RCO/SRFB for restoration design and demolition for South Slough.

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

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

Grant Term: From 9/25/2024 To 6/30/2027

Grantor: WA Recreation and Conservation Office Grant Award: \$546,550

Is match required: ☒ Yes ☐ No If yes, match amount required: \$96,450

Match Source (General Fund, Patient Fees, In-Kind, etc.): SWM Utility Service Charges

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

SWM Utility Service Charges DAC: 415 3095111770 Amount: \$96,450

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$643,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$643,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$ _____

Total Expenditures: \$643,000

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133

Grant Title: Salmon Recovery Grant Programs: Stillaguamish Spartina Eradication Partnership (Riparian) - APPLICATION

Purpose of grant (Brief description of work to be performed): APPLICATION to RCO/SRFB for Spartina noxious weed surveys, treatment, and partnership group meetings and coordination.

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

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

Grant Term: TBD From To

Grantor: WA Recreation and Conservation Office Grant Award: \$1,000,000

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

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

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

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$1,000,000

EXPENDITURES

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

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$800,000

Total Expenditures: \$1,000,000
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2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133

Grant Title: PSAR Large Cap: Shinglebolt Slough Construction APPLICATION

Purpose of grant (Brief description of work to be performed): APPLICATION to RCO/PSAR Large Cap for restoration construction at Shinglebolt Slough. Project will reconnect side channels and restore Skykomish mainstem, place woody debris structures, create cover and complex edge habitat, and plant native riparian plants to improve rearing habitat for juvenile salmonids.

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

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

Grant Term: TBD From To

Grantor: WA Recreation and Conservation Office Grant Award: \$6,000,000

Is match required: ☒ Yes ☐ No If yes, match amount required: \$900,000

Match Source (General Fund, Patient Fees, In-Kind, etc.): Floodplains by Design grant

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

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$6,900,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$6,900,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
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_____	_____
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_____	_____
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Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$6,900,000
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2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-138

Grant Title: Brian Abbott Fish Barrier Removal Board Grant Program: Little Pilchuck Fish Passage (Construction)

Purpose of grant (Brief description of work to be performed): Funding from RCO/FBRB for fish barrier removal construction at the tributary to Little Pilchuck project.

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

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

Grant Term: From 7/1/2025 To 6/30/2028

Grantor: WA Recreation and Conservation Office Grant Award: \$4,677,000

Is match required: ☒ Yes ☐ No If yes, match amount required: \$825,355

Match Source (General Fund, Patient Fees, In-Kind, etc.): SWM Utility Service Charges

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

SWM Utility Service Charges DAC: 415 3095111770 Amount: \$825,355

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$5,502,355

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$5,502,355

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: \$5,502,355
--

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-138

Grant Title: Brian Abbott Fish Barrier Removal Board Grant Program: Schoolyard Creek at 127th (Construction) APPLICATION

Purpose of grant (Brief description of work to be performed): APPLICATION to RCO/FBRB for fish barrier removal construction on Schoolyard Creek at 127th.

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

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

Grant Term: TBD From To

Grantor: WA Recreation and Conservation Office Grant Award: \$2,000,000

Is match required: ☒ Yes ☐ No If yes, match amount required: \$300,000

Match Source (General Fund, Patient Fees, In-Kind, etc.): SWM Utility Service Charges

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

SWM Utility Service Charges DAC: 415 3095111770 Amount: \$300,000

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$2,300,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$2,300,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$2,300,000
--

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-138

Grant Title: Brian Abbott Fish Barrier Removal Board Grant Program: Dubque Creek at Ok Mill Rd (Design) APPLICATION

Purpose of grant (Brief description of work to be performed): APPLICATION to RCO/FBRB for fish barrier removal design on Dubque Creek at Ok Mill Road.

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

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

Grant Term: TBD From To

Grantor: WA Recreation and Conservation Office Grant Award: \$500,000

Is match required: ☒ Yes ☐ No If yes, match amount required: \$75,000

Match Source (General Fund, Patient Fees, In-Kind, etc.): SWM Utility Service Charges

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

SWM Utility Service Charges DAC: 415 3095111770 Amount: \$75,000

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$575,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$575,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$575,000

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-138

Grant Title: Brian Abbott Fish Barrier Removal Board Grant Program: Elliott Creek at Elliott Rd (Design) APPLICATION

Purpose of grant (Brief description of work to be performed): APPLICATION to RCO/FBRB for fish barrier removal design on Elliott Creek at Elliott Road.

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

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

Grant Term: TBD From To

Grantor: WA Recreation and Conservation Office Grant Award: \$500,000

Is match required: ☒ Yes ☐ No If yes, match amount required: \$75,000

Match Source (General Fund, Patient Fees, In-Kind, etc.): SWM Utility Service Charges

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

SWM Utility Service Charges DAC: 415 3095111770 Amount: \$75,000

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$575,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$575,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$575,000

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-138

Grant Title: Brian Abbott Fish Barrier Removal Board Grant Program: Marine Drive Culvert (Construction) APPLICATION

Purpose of grant (Brief description of work to be performed): APPLICATION to RCO/FBRB for fish barrier removal construction at Marine Drive.

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

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

Grant Term: TBD From To

Grantor: WA Recreation and Conservation Office Grant Award: \$4,000,000

Is match required: ☒ Yes ☐ No If yes, match amount required: \$600,000

Match Source (General Fund, Patient Fees, In-Kind, etc.): SWM Utility Service Charges

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

SWM Utility Service Charges DAC: 415 3095111770 Amount: \$600,000

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$4,600,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$4,600,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$4,600,000
--

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-138

Grant Title: Brian Abbott Fish Barrier Removal Board Grant Program: Secret Creek (Construction)
APPLICATION

Purpose of grant (Brief description of work to be performed): APPLICATION to RCO/FBRB for fish barrier removal construction at Secret Creek.

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

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

Grant Term: TBD From To

Grantor: WA Recreation and Conservation Office Grant Award: \$1,400,000

Is match required: ☒ Yes ☐ No If yes, match amount required: \$210,000

Match Source (General Fund, Patient Fees, In-Kind, etc.): SWM Utility Service Charges

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

SWM Utility Service Charges DAC: 415 3095111770 Amount: \$210,000

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$1,610,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$1,610,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$1,610,000
--

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133

Grant Title: National Coastal Resilience Fund: Chinook Marsh Restoration - Final Design & Permitting APPLICATION

Purpose of grant (Brief description of work to be performed): APPLICATION to National Fish and Wildlife Foundation's (NFWF) National Coastal Resilience Fund for final designs and permitting costs for Chinook Marsh habitat restoration.

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

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

Grant Term: TBD From _____ To _____

Grantor: National Fish and Wildlife Foundation Grant Award: \$900,000

Is match required: ☒ Yes ☐ No If yes, match amount required: \$100,000

Match Source (General Fund, Patient Fees, In-Kind, etc.): Floodplains by Design grant

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

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$1,000,000

EXPENDITURES

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

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$1,000,000
--

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-138

Grant Title: WSDOT Local Programs: Marine Drive Culvert

Purpose of grant (Brief description of work to be performed): Congressionally-directed funding from the Federal Highway Administration passed through WSDOT for construction of the Marine Drive culvert fish passage project.

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

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

Grant Term: TBD From To

Grantor: WA State Dept of Transportation

Grant Award: \$3,000,000

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

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

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

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$3,000,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$3,000,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$ _____

Total Expenditures: \$3,000,000
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2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-138

Grant Title: Culvert Aquatic Organism Passage (AOP): Fern Bluff-Labish & Picnic Point Creek

Purpose of grant (Brief description of work to be performed): Funding from the Federal Highway Administration passed through WSDOT, passed through the Tulalip Tribes, for design and construction of the two fish passage projects: Fern Bluff-Labish and Picnic Point Creek.

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

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

Grant Term: TBD From To

Grantor: WA State Dept of Transportation

Grant Award: \$4,850,000

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

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

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

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$4,850,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$4,850,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$ _____

Total Expenditures: \$4,850,000
--

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133

Grant Title: Noxious Weed Control: Snohomish County Spartina Survey and Eradication Program

Purpose of grant (Brief description of work to be performed): Funding from Washington State Department of Agriculture for treatment of noxious weed *spartina*.

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

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

Grant Term: TBD From To

Grantor: WA State Department of Agriculture

Grant Award: \$175,000

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

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

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

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$175,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$175,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

FTEs Classification

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$175,000

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133

Grant Title: Aquatic Resource Committee (ARC): Shinglebolt Slough Restoration APPLICATION

Purpose of grant (Brief description of work to be performed): APPLICATION to the Snohomish County Public Utility District's Aquatic Resource Committee for restoration construction funding for Shinglebolt Slough. Project will reconnect side channels and restore Skykomish mainstem, place woody debris structures, create cover and complex edge habitat, and plant native riparian plants to improve rearing habitat for juvenile salmonids.

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

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

Grant Term: TBD From To

Grantor: Snohomish County Public Utility District Grant Award: \$300,000

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

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

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

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$300,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$300,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$300,000

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133

Grant Title: Congressionally Directed Spending Request: Chinook Marsh - APPLICATION

Purpose of grant (Brief description of work to be performed): Congressionally Directed Spending request to Senator Cantwell for funding via Department of Energy for feasibility studies, conceptual and preliminary designs for a preferred alternative, final designs, and permitting for the City of Everett's portion of the Chinook Marsh project: drinking water Transmission Line #5 (*previously this application was for bp's Olympic Pipeline, however, that portion of the project is not moving forward so SWM will reallocate the funding to the City's portion of the project, if awarded*).

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

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

Grant Term: TBD From To

Grantor: Department of Energy Grant Award: \$1,500,000

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

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

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

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$1,500,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$1,500,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$1,500,000
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2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 513-133

Grant Title: Congressionally Directed Spending Request: Chinook Marsh - APPLICATION

Purpose of grant (Brief description of work to be performed): Congressionally Directed Spending request to Senator Murray for funding via Department of Energy for feasibility studies, conceptual and preliminary designs for a preferred alternative, final designs, and permitting for the City of Everett's portion of the Chinook Marsh project: drinking water Transmission Line #5 (*previously this application was for bp's Olympic Pipeline, however, that portion of the project is not moving forward so SWM will reallocate the funding to the City's portion of the project, if awarded*).

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

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

Grant Term: TBD From To

Grantor: Department of Energy Grant Award: \$1,500,000

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

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

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

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$1,500,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$1,500,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$1,500,000
--

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Operations 511-114

Grant Title: Puget Sound Watershed Habitat Assessment: Snohomish & Stillaguamish River Habitat Inventory and Restoration Project Detection – Past and Future Actions

Purpose of grant (Brief description of work to be performed): Funding from the Puget Sound Partnership for monitoring to assess and update large river habitat conditions in both the Snohomish and Stillaguamish Rivers.

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

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

Grant Term: TBD From To

Grantor: Puget Sound Partnership Grant Award: \$215,000

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

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

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

Charge Code Title and # _____ Amount: \$ _____

Charge Code Title and # _____ Amount: \$ _____

Total Resources: \$215,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$215,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

FTEs Classification

Total FTEs: _____

2. Pass-Thru Estimated cost: \$ _____

Total Expenditures: \$215,000

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 511-114

Grant Title: Lake Roesiger Phase 3 APPLICATION #WQAIP-2027-SnCoCN-00xxx

Purpose of grant: This Ecology grant application will provide funding for SWM to remove and control invasive aquatic plants affecting Lake Roesiger's health and recreational suitability. Integrated Aquatic Vegetation Management Plan (IAVMP).

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

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

Grant Term: From 7/1/2026 To 6/30/2028

Grantor: WA Department of Ecology

Grant Award: \$75,000

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

Total Resources: \$75,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$75,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$75,000

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 511-114

Grant Title: Sunday Lake APPLICATION #WQAIP-2027-SnCoCN-00xxx

Purpose of grant: This Ecology grant application will provide funding for SWM to remove and control invasive aquatic plants affecting Sunday Lake's health and recreational suitability.

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

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

Grant Term: From 7/1/2026 To 6/30/2028

Grantor: WA Department of Ecology

Grant Award: \$75,000

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

Total Resources: \$75,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$75,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$75,000

2026 Grant Work Plan

Department Name and #: Conservation & Natural Resources 09

Division and Fund #: Surface Water Management 415

Dept Program Name and #: Capital 511-114

Grant Title: Meadow Lake APPLICATION #WQAIP-2027-SnCoCN-00xxx

Purpose of grant: This Ecology grant application will provide funding for SWM to remove and control invasive aquatic plants affecting Meadow Lake's health and recreational suitability.

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

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

Grant Term: From 7/1/2026 To 6/30/2028

Grantor: WA Department of Ecology

Grant Award: \$75,000

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

Total Resources: \$75,000

EXPENDITURES

1. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$75,000

Who will complete the work?

Existing FTE(s) ☒ Existing Project FTE(s) ☐ New FTE(s) ☐

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures: \$75,000
