Department N Division and		Department of Energy Office:	Conservation and	d Natural	Resources: 09	
	n Name and #:	Energy Office (Grants: 300			
Grant Title:				n Weathe	rization Program (BP <i>F</i>	A)
	•	tion of work to be p	•			, efficiency
	-	-			ces to improve energy in areas served by Bi	
	ng program: 🖂 🕻	-	ram: Yes	irticiparits	III areas served by bi	Α.
Source of gran	nt funding: Fede	ral 🛛 State 🗌	Local Othe	er 🗌		
Grant Term:	From: 10/1	/26		To: 9	/30/28	
Grantor:	BPA through W	A State Dept of	Grant A	ward:	\$225,000	
	Commerce					
_						
Is match requ	ıired:	No If yes	match amount re	equired:	<u></u>	
Match Source	e (General Fund,	Patient Fees, In K	ind, etc.):			
If County-fund	ed match, enter	Charge Code Title	and # below.			
Charge Code				Amo		
Charge Code	Title and #			Amo	ount: \$	
		Total Reso	ources: \$	225,000		
EXPENDITUR	ES					
	Operations: (Admin	., Operations, Direct	Service, etc.) Estin	nated Cost	\$225,000	
Existing FTE(s	s) 🖂	Existing Project F	TE(s)	Ne	ew FTE(s)	
If new FTEs ar	e needed, comp	lete the following. A	Attach additional	sheet if n	eeded.	
	# FTEs	Classification				
Total FTEs:						
2. Pass-Thru	Estimated cost:	_ \$		_		
		Total Expe	enditures:	\$225,000	0	

Department N Division and I Dept Progran	Fund #:	Energ d #: Energ	gy Office: 130 gy Office Grants	: 300		al Resources: 09
Grant Title:					rtisan	Infrastructure Law (BIL) Grant
This a eligible low-in	greement ncome hou nd control	provides for co seholds. As a	result of these	ergy efficien services, fai	milies	nd health and safety benefits to s will be better able to busing will be maintained
Existing/ongoir	ng program	ı: 🛛 Yes 🔝 1	New Program: [Yes		
Source of gran	nt funding:	Federal 🛭 S	tate Local	☐ Other		
Grant Term:	From:	9/1/22			Го: _	6/30/27
Grantor:	DOE-BIL 1	Through WA Sta	ate Dept. of	Grant Awa	ard:	\$2,000,000
Is match requ		Yes ⊠ No	·	amount requ	uired:	\$
	•		Fees, In Kind, etcode Title and #	_		
Charge Code Charge Code	: Title and #	‡	ode Tille and #	pelow.	_	nount: \$ nount: \$
		Т	otal Resources	s: \$2,0	000,0	00
EXPENDITUR	ES					
2. Internal C Who will comp		•	ons, Direct Service	e, etc.) Estimat	ed Co	st: \$2,000,000
Existing FTE(s	s) 🖂	Existing	Project FTE(s)	\boxtimes	Ν	lew FTE(s) □
If new FTEs ar	e needed,	complete the fo	ollowing. Attach	additional sh	eet if	needed.
	# FTEs	Cla:	ssification			
Total FTEs:						
3. Pass-Thru	Estimated c	ost: \$				
		To	otal Expenditu	ıres: \$2	.000	.000

Department N Division and Dept Progran Grant Title:	Fund #:	d #: _	Department of C Energy Office: 13 Energy Office Gr Weatherization F	30 rants: 300		
This a eligible low-in	greement ncome hou nd control	provides Iseholds.	As a result of the	ve energy effic hese services,	families	nd health and safety benefits to s will be better able to susing will be maintained
Existing/ongoi	ng progran	n: 🛚 Yes	New Progra	am: 🗌 Yes		
Source of gran	it funding:	Federal	☐ State ⊠ L	₋ocal	er 🗌	
Grant Term:	From:	7/1/25			To: _	6/30/27
Grantor:	WA State	Dept. of C	Commerce	Grant A	\ward:	\$1,990,000
Is match requ	ıired: 🗌	Yes ⊠	No If yes m	natch amount r	equired:	\$
Match Source	e (General	Fund, Pa	tient Fees, In Kin	d, etc.):		
If County-fund	ed match,	enter Cha	rge Code Title ar	nd # below.		
Charge Code Charge Code						ount: \$ count:
			Total Resou	ırces:	\$1,990,00	00
EXPENDITUR	ES					
3. Internal C Who will comp			perations, Direct S	ervice, etc.) Estir	mated Cos	st: \$1,990,000
Existing FTE(s	s) 🖂	E	isting Project FT	E(s)	N	lew FTE(s)
If new FTEs ar	e needed,	complete	the following. At	tach additional	sheet if ı	needed.
	# FTEs		Classification			
Total FTEs:						
TOTALL TES.						
4. Pass-Thru	Estimated c	ost: _	\$		_	
			Total Exper	nditures:	\$1 990	000

Department Name and #: Division and Fund #:	Energy Office: 130	and Natural Resources: 09
Dept Program Name and #: Grant Title:	Energy Office Grants: 300 Weatherization Assistance Pr	rogram (DOE)
	on of work to be performed):	ization services to provide cost-effective
Existing/ongoing program: 🛛 Ye	es New Program: 🗌 Yes	
Source of grant funding: Federa	al 🛛 State 🗌 Local 🗍 O	ther
Grant Term: From: 7/1/25	5	To: 6/30/27
Grantor: DOE through WA	Dept. Of Commerce Grant	t Award: \$750,000
Is match required:	⊠ No If yes match amount	t required: \$
Match Source (General Fund, I	Patient Fees, In Kind, etc.):	
If County-funded match, enter C	harge Code Title and # below.	
Charge Code Title and # Charge Code Title and #		Amount: \$ Amount: \$
	Total Resources:	\$750,000
EXPENDITURES		
4. Internal Operations: (Admin., Who will complete the work?	Operations, Direct Service, etc.) Es	stimated Cost: \$750,000
Existing FTE(s)	Existing Project FTE(s)	New FTE(s) ☐
If new FTEs are needed, comple	ete the following. Attach addition	al sheet if needed.
# FTEs	Classification	
		_ _
Total FTEs:		
5. Pass-Thru Estimated cost:	\$	
	Total Expenditures:	\$750,000

Department Division and	Fund #:	Energy Office		d Natur	al Resources: 09				
Dept Prograr Grant Title:	m Name and			rav Ass	sistance Program (DHHS)				
Grant Title: LIHEAP Low Income Home Energy Assistance Program (DHHS) Purpose of grant (Brief description of work to be performed): This agreement provides cost-effective energy efficiency, and health and safety benefits to									
				_					
_	nd control t				s will be better able to dable housing will be maintained				
unougnoutu	ie Courty.								
Existing/ongoi	ng program:		gram: 🗌 Yes						
Source of grai	nt funding: F	ederal 🛭 State 🗌	Local Othe	er 🗌					
Grant Term:	From:	10/1/25		To:	9/30/27				
Grantor:	DHHS throu	ıgh WA State Dept. Of	Grant Av	ward:	\$1,650,000				
Granior.	Commerce	.g., 777 C.a.to Bopt. C.		wara.					
Is match requ	uired: 🗆 V	es ⊠ No If yes	s match amount re	auired:	\$				
io matori roq	anoa i	oo Zino ii yoo	o materi ameant re	quii ou.					
Match Sourc	e (General F	und, Patient Fees, In I	Kind, etc.):						
If County-fund	led match, e	nter Charge Code Title	and # below.						
Charge Code	e Title and #			Ar	nount: \$				
Charge Code				Ar	mount: \$				
		Total Res	sources: \$	1,650,0	000				
EXPENDITUR	RES								
5. Internal 0		dmin., Operations, Direck?	t Service, etc.) Estim	ated Co	st: \$1,650,000				
Existing FTE(s	s) 🛛	Existing Project	FTE(s) 🗵	ı	New FTE(s)				
If new FTEs a	re needed, c	omplete the following.	Attach additional s	sheet if	needed.				
	# FTEs	Classificatio	n						
Total FTEs:									
6. Pass-Thru	Estimated co	st: \$							
				_					
		Total Exp	enditures:	\$1,650	,000				

Department N Division and F		#:		artment of Co gy Office: 13		and Natura	l Resource	es: 09	
Dept Program Name and #: Energy Office Grants: 300									
Grant Title: Low Income Weatherization Services (Cascade Natural Gas) Purpose of grant (Brief description of work to be performed):									
	•			-	•				
				ling for insta					
residential un	its occupi	ea by	low-inc	ome nouser	iolas whose	e primary r	neat sourc	e is natu	iral gas.
Existing/ongoir				New Program		u			
Source of gran	t tunding:	reder	aı <u> </u>	State 🛛 Lo	ocal 🔲 O	ther 🗌			
Grant Term:	From:	1/1/2	.6			To:	12/31/26		
Grantor:	Cascade I	Natura	Gas Co	orporation	Grant	: Award:	\$93,75	50	
Is match requ	iired:	Yes	⊠ No	If yes ma	atch amount	required:	\$		
Match Source	e (General	Fund,	Patient	Fees, In Kind	d, etc.):				
If County-funde	ed match,	enter (Charge C	Code Title an	d # below.				
Charge Code		_					ount: \$		
Charge Code	Title and	#				Am	ount: <u>\$</u>		
			7	Total Resou	rces:	\$93,750			
EXPENDITUR	ES								
6. Internal O	•	•	., Operati	ons, Direct Se	rvice, etc.) Es	timated Cos	st:	\$93,750	0
Existing FTE(s) 🛛		Existing	g Project FTE	E(s) ⊠	N	ew FTE(s)		
If new FTEs are	e needed,	compl	ete the f	ollowing. Atta	ach addition	al sheet if r	needed.		
	# FTEs		Cla	assification					
						- -			
Total FTEs:									
7. Pass-Thru I	Estimated o	ost:	\$						
			Т	otal Expen	ditures:	\$93.750)		

Department Na Division and For Dept Program Grant Title:	und #:	d #: <u>E</u>	Department of Conse Energy Office: 130 Energy Office Grants:	300	ce Program (Puget Sound Energy)
	nt (Brief de		of work to be perform		se i rogram (r uget oound Energy)
			_	_	to reduce the burden of rising
				_	rization measures in gas heated
			ie to understand an ined throughout the		energy use, and safer and more
arrorado rroa	omg witt k	oo mamaa	noa unoagnoat ino	County.	
Existing/ongoing	g program	ı: 🛛 Yes	New Program: ☐] Yes	
Source of grant	funding:	Federal [] State ⊠ Local	☐ Other ☐	
Grant Term:	From:	1/1/26		To:	12/31/26
Grantor: F	Puget Sou	nd Energy		Grant Award:	\$1,500,000
Is match requi	red:	Yes ⊠ N	lo If yes match	amount require	d: \$
Match Source	(General	Fund, Patie	ent Fees, In Kind, etc	. .):	
If County-funded	d match, e	enter Char	ge Code Title and # k	pelow.	
Charge Code Charge Code					Amount: \$ Amount: \$
			Total Resources	: \$1,500	,000
EXPENDITURE	S				
7. Internal Op Who will comple			erations, Direct Service	, etc.) Estimated (Cost: \$1,500,000
Existing FTE(s)	\boxtimes	Exi	sting Project FTE(s)	\boxtimes	New FTE(s) □
If new FTEs are	needed,	complete t	he following. Attach a	additional sheet	if needed.
	# FTEs		Classification		
_		 -			
Total FTEs:					
8. Pass-Thru E	stimated c	ost: \$			
			Total Expenditu	res: \$1.50	00,000

Department N Division and F Dept Program Grant Title:	Fund #:	Ene	eartment of Conse ergy Office: 130 ergy Office Grants: Income Weatheri	300		
	nt (Brief de		ork to be perform		aiii ((-00)
_	-		_	=		ation services to eligible low-
				-		nproved energy efficiency.
			stand and contro ut the county.	tneir energ	gy us	e, and safer and more affordable
modeling with D	o maman.	ou unougno	at the county.			
Existing/ongoir	ng program	: 🛛 Yes	New Program:	Yes		
Source of gran	t funding:	Federal 🗌	State X Local	☐ Other		
Grant Term:	From:	1/1/26			То:	12/31/26
	Public Utili County	ty District No.	1 of Snohomish	Grant Awa	ard:	\$1,500,000
_				_		-
Is match requ	ired: 🔲 `	Yes ⊠ No	If yes match	amount requ	uired	: \$
Match Source	(General	Fund, Patient	Fees, In Kind, etc	c.): _		
If County-funde	ed match, e	enter Charge	Code Title and # b	pelow.		
Charge Code						mount: \$
Charge Code	Title and #				_ A	mount: \$
			Total Resources	· ¢1	500,	000
			Total Resources	. Ψι,	500,	000
EXPENDITUR	ES					
8. Internal C Who will comp	. ,	-	tions, Direct Service	, etc.) Estimat	ted C	sost: \$1,500,000
Existing FTE(s) 🛛	Existir	ng Project FTE(s)	\boxtimes		New FTE(s) □
If new FTEs ar	e needed,	complete the	following. Attach	additional sh	eet i	f needed.
	# FTEs	·	assification			
Total FTEs:						
9. Pass-Thru l	Estimated co	ost: \$				
			Γotal Expenditu	res: \$1	.500	0.000

Department Nam Division and Fun Dept Program Na Grant Title:	d #:	Ene #: Ene Mult	rartment of Conse rgy Office: 130 rgy Office Grants: ti-Family Housing	300					 n
or upgrades, and	erization system re	cription of www.will utilize the placements	nese funds for maj s necessary for ex	or building isting multi	-family				
program is to mair	ntain long	-term viabili	ity of the existing I	nousing poi	rtfolio.				
Existing/ongoing p	rogram:	Yes	New Program: ∑	Yes					
Source of grant fu	nding: Fe	ederal 🗌	State 🗵 Local	Othe	r 🗌				
Grant Term: F	rom: ()1/01/26			To:	09/30/2	27		
Grantor: WA	State De	epartment o	f Commerce	Grant Av	ward:	\$2,	000,000	1	
Is match required	d: 🗌 Ye	es 🛭 No	If yes match	amount red	quired:	\$			
Match Source (G	eneral Fu	ınd, Patient	Fees, In Kind, etc	c.):					
If County-funded r				•					
Charge Code Titl						nount:	\$		_
Charge Code Titl	e and #				Ar	nount:	\$		
			Total Resources	: \$2	2,000,0	00			
EXPENDITURES									
9. Internal Oper Who will complete			tions, Direct Service	, etc.) Estim	ated Co	ost:	\$20	00,000	
Existing FTE(s)		Existin	ng Project FTE(s)	\boxtimes	ı	New FT	E(s) □		
If new FTEs are n	eeded, co	mplete the	following. Attach	additional s	heet if	needed			
#	FTEs	CI	assification						
_									
Total FTEs:									
10.Pass-Thru Esti	mated cos	t: \$			_				
		7	Total Expenditu	res: \$	2,000	,000			

Plantin	Fund #: n Name an ant (Brief den ng trees ac	d #: Ene Tre escription of v	-	300 gram ed): uce the heat islai	nd effect of solar heating and reduce
the electrical id	oad of air c	onditioning w	vithin these spaces.		
Existing/ongoir	ng progran	n: 🗌 Yes	New Program: ⊠	Yes	
Source of gran	nt funding:	Federal	State Local	○ Other □	
Grant Term:	From:	01/01/2026		To:	12/31/2026
Grantor:	Snohomis	h County PUI	D	Grant Award:	\$15,000
Is match requ	ıired: 🗌	Yes ⊠ No	If yes match	amount required	d: \$
Match Source	e (General	Fund, Patien	t Fees, In Kind, etc	.): 	
If County-funde	ed match,	enter Charge	Code Title and # b	elow.	
Charge Code Charge Code					amount: \$
			Total Resources:	\$15,000	0
EXPENDITUR	ES				
10. Internal C Who will comp	•	•	ations, Direct Service,	etc.) Estimated C	Cost: \$15,000
Existing FTE(s	s) 🖂	Existi	ng Project FTE(s) [\boxtimes	New FTE(s) □
If new FTEs ar	e needed,	complete the	following. Attach a	dditional sheet i	if needed.
	# FTEs	C	classification		
		<u> </u>			
Total FTEs:					
11.Pass-Thru	Estimated o	ost: \$			
			Total Expenditur	ros: \$15.00	00

	epartment of Conservation and Natural Resources: 09
	nergy Office: 130
	nergy Office Grants: 300 ostering Stewardship building community justice
Purpose of grant (Brief description of	
	ogram will mitigate past pollution runoff by supporting community-based
	er quality of Puget Sound through invasive plant species eradication,
native plant support and planting and	d improvement of public spaces.
Existing/ongoing program: Yes	New Program: ⊠ Yes
Source of grant funding: Federal] State ☐ Local ⊠ Other ☐
Grant Term: From: 1/1/26	To: 12/31/16
Grantor: Rose Foundation	Grant Award: \$40,000
Is match required: Yes N	o If yes match amount required: \$0
Match Source (General Fund, Patie	ent Fees, In Kind, etc.):
If County-funded match, enter Charg	ge Code Title and # below.
Charge Code Title and #	Amount: \$
Charge Code Title and #	Amount: \$
	Total Resources: \$40,000
EXPENDITURES	
	erations, Direct Service, etc.) Estimated Cost: \$40,000
Who will complete the work?	Tations, Birest derivide, etc.) Estimated dost.
Existing FTE(s)	sting Project FTE(s) ⊠ New FTE(s) □
If new FTEs are needed, complete the	ne following. Attach additional sheet if needed.
# FTEs	Classification
	
Total FTEs:	
12.Pass-Thru Estimated cost: \$	
	Total Expenditures: \$40,000

Department N Division and		Department of Conser Energy Office: 130	vation and Natur	al Resource	s: 09
	n Name and #:	Energy Office Grants:	300		
Grant Title:		HEAP			
	•	on of work to be performe	•	ida law inaa	ma hayaabalda with
		rom the Climate Commit rough ducted and ductle	•		ne nousenolas with
auequate neat	ing and cooming th	rough ducted and ducties	ss rivac system	S.	
	ng program: 🛚 Ye				
Source of gran	nt funding: Federa	I ☐ State ⊠ Local	Other		
Grant Term:	From: 7/1/26	3	To:	6/30/27	
Grantor:	DHHS through W Commerce	A State Dept of	Grant Award:	\$1,000	,000
Is match requ	uired: 🗌 Yes [☑ No If yes match	amount required	: \$	
Match Source	e (General Fund, F	Patient Fees, In Kind, etc	s.):		
If County-fund	ed match, enter C	harge Code Title and # b	elow.		
Charge Code		J		mount: \$	
Charge Code				mount: $\frac{\varphi}{\$}$	
_					_
		Total Resources	\$1,000,0	000	
EXPENDITUR	ES				
12. Internal C Who will comp	•	Operations, Direct Service,	, etc.) Estimated C	ost:	\$1,000,000
Existing FTE(s	s) 🖂	Existing Project FTE(s)	\boxtimes	New FTE(s)	
If new FTEs ar	e needed, comple	ete the following. Attach a	additional sheet it	needed.	
	# FTEs	Classification			
Total FTEs:					
13.Pass-Thru	Estimated cost:	\$			
		Total Expenditu	res: \$1 000	0.000	

Department Nai Division and Fu Dept Program N	nd #:	E	Department of Cons Energy Office: 130 Energy Office Grant		Natura	al Resources: 09
Grant Title:	varne and		Salmon Recovery th		lannin	na
	,	scription c	of work to be perfore	med):		
						y to provide salmonoid passage for
spawning. OES v	will hire a	contracto	r to complete the w	ork maintainin	g and	d improving spawning salmon runs.
Existing/ongoing	program	: 🗌 Yes	New Program:	⊠ Yes		
Source of grant f	unding:	Federal [] State ⊠ Loca	al Other		
Grant Term:	From:	1/1/2026		7	Го: (6/30/2027
	-					
Grantor: W	A State [Departmer	t of Commerce	Grant Awa	ard:	\$500,000
Is match require	ed: 🔲 `	Yes ⊠N	lo If yes matc	h amount requ	uired:	\$
Match Source (General l	Fund, Pati	ent Fees, In Kind, e	etc.):	N/A	
If County-funded	match, e	enter Char	ge Code Title and #	below.		
Charge Code Ti	itle and #	<u></u>			_ Am	nount: \$
Charge Code Ti	itle and #				_ Am	nount: \$
			Total Resource	s: \$		
EXPENDITURES	3					
13. Internal Ope	,		erations, Direct Servio	ce, etc.) Estimat	ed Cos	sst: \$50,000
Existing FTE(s)	\boxtimes	Exi	sting Project FTE(s) 🛛	Ν	New FTE(s)
If new FTEs are i	needed,	complete t	he following. Attach	n additional sh	eet if r	needed.
#	# FTEs		Classification			
Total FTEs:						
14.Pass-Thru Es	timated co	ost:\$;			
			Total Expendit	ures: \$5	00.00	00