

Purpose of grant (Brief description of work to be performed):

Grant Term: From: 10/1/26 To: 9/30/28

Grantor:	BPA through WA State Dept of Commerce	Grant Award:	\$225,000
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Is match required: ☐ Yes ☒ No If yes match amount required: \$

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

Charge Code Title and #	Amount:	\$
Charge Code Title and #	Amount:	\$

Total Resources:	\$225,000
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# FTEs	Classification
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Total FTEs: _____

2. Pass-Thru Estimated cost: \$

Total Expenditures:	\$225,000
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Purpose of grant (Brief description of work to be performed):

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

Grant Term: From: 9/1/22 To: 6/30/27

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: \$	_____

EXPENDITURES

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

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
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Total FTEs:

3. Pass-Thru Estimated cost: \$

Total Expenditures:	\$2,000,000
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2026 OES Grant Work Plan

Department Name and #: Department of Conservation and Natural Resources: 09
Division and Fund #: Energy Office: 130
Dept Program Name and #: Energy Office Grants: 300
Grant Title: Weatherization Plus Health Program (WX+H)

Purpose of grant (Brief description of work to be performed):

This agreement provides for cost-effective energy efficiency, and health and safety benefits to eligible low-income households. As a result of these services, families will be better able to understand and control their energy use and safer, more affordable housing will be maintained throughout the County.

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

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

Grant Term: From: 7/1/25 To: 6/30/27

Grantor: WA State Dept. of Commerce Grant Award: \$1,990,000

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:	<u>\$</u>
Charge Code Title and #	_____	Amount:	<u>\$</u>

Total Resources: \$1,990,000
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EXPENDITURES

3. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: **\$1,990,000**
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: _____

4. Pass-Thru Estimated cost: \$

Total Expenditures: \$1,990,000

2026 OES Grant Work Plan

Department Name and #: Department of Conservation and Natural Resources: 09
Division and Fund #: Energy Office: 130
Dept Program Name and #: Energy Office Grants: 300
Grant Title: Weatherization Assistance Program (DOE)

Purpose of grant (Brief description of work to be performed):

Provide program administration and delivery of weatherization services to provide cost-effective energy efficiency and health and safety benefits to eligible low-income households.

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

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

Grant Term: From: 7/1/25 To: 6/30/27

Grantor: DOE through WA Dept. Of Commerce Grant Award: \$750,000

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:	\$750,000
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EXPENDITURES

4. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: **\$750,000**
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: _____

5. Pass-Thru Estimated cost: \$ _____

Total Expenditures:	\$750,000
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2026 OES Grant Work Plan

Department Name and #: Department of Conservation and Natural Resources: 09
Division and Fund #: Energy Office: 130
Dept Program Name and #: Energy Office Grants: 300
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 eligible low-income households. As a result of these services, families will be better able to understand and control their energy use, and more units of safe, affordable housing will be maintained throughout the County.

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

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

Grant Term: From: 10/1/25 To: 9/30/27

Grantor: DHHS through WA State Dept. Of Commerce Grant Award: \$1,650,000

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:	<u>\$</u>
Charge Code Title and #	_____	Amount:	<u>\$</u>

Total Resources: \$1,650,000
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EXPENDITURES

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

6. Pass-Thru Estimated cost: \$

Total Expenditures: \$1,650,000

2026 OES Grant Work Plan

Department Name and #: Department of Conservation and Natural Resources: 09
Division and Fund #: Energy Office: 130
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):

This agreement provides funding for installation of eligible weatherization measures; in residential units occupied by low-income households whose primary heat source is natural gas.

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

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

Grant Term: From: 1/1/26 To: 12/31/26

Grantor: Cascade Natural Gas Corporation Grant Award: \$93,750

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: \$93,750

EXPENDITURES

6. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: **\$93,750**
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: _____

7. Pass-Thru Estimated cost: \$ _____

Total Expenditures: \$93,750
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2026 OES Grant Work Plan

Department Name and #: Department of Conservation and Natural Resources: 09
Division and Fund #: Energy Office: 130
Dept Program Name and #: Energy Office Grants: 300
Grant Title: Low Income Weatherization Assistance Program (Puget Sound Energy)

Purpose of grant (Brief description of work to be performed):

PSE Weatherization Assistance Program funds are designed to reduce the burden of rising home energy costs for low-income households by providing weatherization measures in gas heated homes. Families will be better able to understand and control their energy use, and safer and more affordable housing will be maintained throughout the County.

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

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

Grant Term: From: 1/1/26 To: 12/31/26

Grantor: Puget Sound 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:	<u>\$</u>
Charge Code Title and #	_____	Amount:	<u>\$</u>

Total Resources: \$1,500,000
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EXPENDITURES

7. 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: _____

8. Pass-Thru Estimated cost: \$

Total Expenditures: \$1,500,000

2026 OES Grant Work Plan

Department Name and #: Department of Conservation and Natural Resources: 09
Division and Fund #: Energy Office: 130
Dept Program Name and #: Energy Office Grants: 300
Grant Title: Low Income Weatherization Program (PUD)

Purpose of grant (Brief description of work to be performed):

This agreement provides funding for the delivery of weatherization services to eligible low-income households whose primary source of heat is electricity, for improved energy efficiency. Families will be better able to understand and control their energy use, and safer and more affordable housing will be maintained throughout the county.

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

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

Grant Term: From: 1/1/26 To: 12/31/26

Grantor: Public Utility District No. 1 of Snohomish Grant Award: \$1,500,000
County: _____

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
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EXPENDITURES

8. 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: _____

9. Pass-Thru Estimated cost: \$

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

Department Name and #: Department of Conservation and Natural Resources: 09
Division and Fund #: Energy Office: 130
Dept Program Name and #: Energy Office Grants: 300
Grant Title: Multi-Family Housing Unit Housing Trust Fund - Housing Preservation Program

Purpose of grant (Brief description of work to be performed):

Weatherization will utilize these funds for major building improvements, preservation renovations or upgrades, and system replacements necessary for existing multi-family rental projects. The purpose of the program is to maintain long-term viability of the existing housing portfolio.

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

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

Grant Term: From: 01/01/26 To: 09/30/27

Grantor: WA State Department of Commerce Grant Award: \$2,000,000

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: \$2,000,000

EXPENDITURES

9. 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: _____

10. Pass-Thru Estimated cost: \$ _____

Total Expenditures: \$2,000,000

2026 OES Grant Work Plan

Department Name and #: Department of Conservation and Natural Resources: 09
Division and Fund #: Energy Office: 130
Dept Program Name and #: Energy Office Grants: 300
Grant Title: Tree Power Grant Program

Purpose of grant (Brief description of work to be performed):

Planting trees adjacent to public buildings to reduce the heat island effect of solar heating and reduce the electrical load of air conditioning within these spaces.

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

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

Grant Term: From: 01/01/2026 To: 12/31/2026

Grantor: Snohomish County PUD Grant Award: \$15,000

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: \$15,000

EXPENDITURES

10. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: **\$15,000**
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: _____

11. Pass-Thru Estimated cost: \$ _____

Total Expenditures: \$15,000
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2026 OES Grant Work Plan

Department Name and #: Department of Conservation and Natural Resources: 09
Division and Fund #: Energy Office: 130
Dept Program Name and #: Energy Office Grants: 300
Grant Title: Fostering Stewardship building community justice

Purpose of grant (Brief description of work to be performed):

The OES Healthy Forest Program will mitigate past pollution runoff by supporting community-based efforts to protect or improve the water quality of Puget Sound through invasive plant species eradication, native plant support and planting and 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 ☒ No If yes match amount required: \$0

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

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

Charge Code Title and #	_____	Amount:	<u>\$</u>
Charge Code Title and #	_____	Amount:	<u>\$</u>

Total Resources: \$40,000

EXPENDITURES

11. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: \$40,000
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: _____

12. Pass-Thru Estimated cost: \$

Total Expenditures: \$40,000
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2026 OES Grant Work Plan

Department Name and #: Department of Conservation and Natural Resources: 09
Division and Fund #: Energy Office: 130
Dept Program Name and #: Energy Office Grants: 300
Grant Title: HEAP

Purpose of grant (Brief description of work to be performed):

Provide program funds from the Climate Commitment Act to provide low-income households with adequate heating and cooling through ducted and ductless HVAC systems.

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

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

Grant Term: From: 7/1/26 To: 6/30/27

Grantor: DHHS through WA State Dept of Commerce 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

12. 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: _____

13. Pass-Thru Estimated cost: \$ _____

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

Department Name and #: Department of Conservation and Natural Resources: 09
Division and Fund #: Energy Office: 130
Dept Program Name and #: Energy Office Grants: 300
Grant Title: Salmon Recovery through Local Planning

Purpose of grant (Brief description of work to be performed):

Clear weeds and debris from the Meadowdale Beach Park estuary to provide salmonoid passage for spawning. OES will hire a contractor to complete the work maintaining and improving spawning salmon runs.

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

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

Grant Term: From: 1/1/2026 To: 6/30/2027

Grantor: WA State Department of Commerce Grant Award: \$500,000

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

Match Source (General Fund, Patient Fees, In Kind, etc.): N/A

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

Charge Code Title and #	Amount:	\$
Charge Code Title and #	Amount:	\$

Total Resources: \$

EXPENDITURES

13. Internal Operations: (Admin., Operations, Direct Service, etc.) Estimated Cost: **\$50,000**
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: _____

14. Pass-Thru Estimated cost: \$ _____

Total Expenditures: \$500,000