

County Energy Resilience Program

Application_Cohort

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Section 1. Lead County Applicant Information

1.1 Lead County

Please identify the lead county for the cohort. This county is responsible for program processes and paperwork and will receive the funds distribution on behalf of the cohort.

Lead County: _____

1.2 Eligibility

Check the boxes to confirm eligibility:

Oregon County

Do **not** have energy resilience plan meeting requirements of HB 3630

1.3 Legal Address of County

Street Address: _____

City: _____ State: _____ Zip Code: _____

1.4 Applicant Project Manager

This is the primary point of contact for the program.

Name: _____ Title: _____

Phone: _____ Email: _____

1.5 Applicant Authorized Representative

This is a representative of the county with signatory authority to sign and submit the application on behalf of the county. Provide if not same individual listed above.

Name: _____ Title: _____

Phone: _____ Email: _____



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Section 2. Cohort Information

Provide the applicant information for each county in the cohort on the following pages.

2.1 County Name (County 2)

County Name: _____

2.2 Eligibility

Check the boxes to confirm eligibility:

Oregon County

Do **not** have energy resilience plan meeting requirements of HB 3630

2.3 Legal Address of County

Street Address: _____

City: _____ State: _____ Zip Code: _____

2.4 Applicant Project Manager

This is the primary point of contact for the program.

Name: _____ Title: _____

Phone: _____ Email: _____

2.5 Applicant Authorized Representative

This is a representative of the county with signatory authority to sign and submit the application on behalf of the county. Provide if not same individual listed above.

Name: _____ Title: _____

Phone: _____ Email: _____



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Section 2. Cohort Information

2.6 County Name (County 3)

County Name: _____

2.7 Eligibility

Check the boxes to confirm eligibility:

Oregon County

Do **not** have energy resilience plan meeting requirements of HB 3630

2.8 Legal Address of County

Street Address: _____

City: _____ State: _____ Zip Code: _____

2.9 Applicant Project Manager

This is the primary point of contact for the program.

Name: _____ Title: _____

Phone: _____ Email: _____

2.10 Applicant Authorized Representative

This is a representative of the county with signatory authority to sign and submit the application on behalf of the county. Provide if not same individual listed above.

Name: _____ Title: _____

Phone: _____ Email: _____



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Section 2. Cohort Information

2.11 County Name (County 4)

County Name: _____

2.12 Eligibility

Check the boxes to confirm eligibility:

Oregon County

Do **not** have energy resilience plan meeting requirements of HB 3630

2.13 Legal Address of County

Street Address: _____

City: _____ State: _____ Zip Code: _____

2.14 Applicant Project Manager

This is the primary point of contact for the program.

Name: _____ Title: _____

Phone: _____ Email: _____

2.15 Applicant Authorized Representative

This is a representative of the county with signatory authority to sign and submit the application on behalf of the county. Provide if not same individual listed above.

Name: _____ Title: _____

Phone: _____ Email: _____



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Section 2. Cohort Information

2.16 County Name (County 5)

County Name: _____

2.17 Eligibility

Check the boxes to confirm eligibility:

Oregon County

Do **not** have energy resilience plan meeting requirements of HB 3630

2.18 Legal Address of County

Street Address: _____

City: _____ State: _____ Zip Code: _____

2.19 Applicant Project Manager

This is the primary point of contact for the program.

Name: _____ Title: _____

Phone: _____ Email: _____

2.20 Applicant Authorized Representative

This is a representative of the county with signatory authority to sign and submit the application on behalf of the county. Provide if not same individual listed above.

Name: _____ Title: _____

Phone: _____ Email: _____

If you have more than five counties in your cohort, please go to Section 8 for additional county entries.



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Section 3. Funds Request and Anticipated Expenses

3.1 Lead County Funds Request

A county may receive up to \$50,000 in this program. Please provide the amount of funds the lead county is requesting.

Funds Request: _____

3.2 Cohort Funds Request

Please provide the amount of funds each additional county in the cohort is requesting (up to \$50,000 per county):

3.2.1 County Name: _____ Funds Request: _____

3.2.2 County Name: _____ Funds Request: _____

3.2.3 County Name: _____ Funds Request: _____

3.2.4 County Name: _____ Funds Request: _____

3.2.5 County Name: _____ Funds Request: _____

3.2.6 County Name: _____ Funds Request: _____

3.2.7 County Name: _____ Funds Request: _____

3.2.8 County Name: _____ Funds Request: _____

3.2.9 County Name: _____ Funds Request: _____



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Section 3. Funds Request and Anticipated Expenses

3.3 Eligible Costs

3.3.1 Costs eligible to be covered under this program are listed below. Please mark the box by each of the categories you intend to spend funds on:

- County staff time, includes limited duration staff
- Contracting with a technical assistance provider
- Outreach costs, e.g. materials, event
- Travel, e.g. mileage, hotel
- Other, e.g. software

If you marked **other**, please write-in anticipated expenses: _____

Funds must only be spent on costs necessary for plan development. ODOE staff can help determine allowable costs.

3.3.2 If you intend to use the funds in multiple categories, please provide an estimate of the amount of funds you will spend in each category. Ensure your estimates sum to the total amount of funds requested. Consider the total amount of funds requested for the cohort.

3.4 Technical Assistance Provider Payment Request

3.4.1 If you will be hiring a technical assistance provider to work on the plan, please indicate if you would like ODOE to pay the technical assistance provider directly: Yes No

3.4.2 If you selected yes, please indicate the amount to be paid to the provider: _____



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Section 3. Funds Request and Anticipated Expenses

3.4 Technical Assistance Provider Payment Request (continued)

NOTE: For payouts directly to a technical assistance provider, ODOE will require:

1. A copy of the contract between the lead county and technical assistance provider that states the total cost of the technical assistance provider's work.
2. A copy of the scope of work detailing the work the provider will complete for the energy resilience plan.

3.5 Additional Conditions

3.5.1 The lead county named in Section 1 will receive the monetary disbursement on behalf of the cohort.

3.5.2 ODOE reserves the right to revoke funds if used for purposes other than those stipulated in this application.

3.5.3 Upon completion of the energy resilience plan, ODOE may request a return of any unspent funds.

3.5.4 In the case that funds are revoked or required to be returned, the lead county will be responsible for the return of funds.

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Section 4. Program Requirements

In addition to the requirements previously mentioned in this application, the following are the requirements for participation in the program.

4.1 Program Deadline

Cohorts receiving funding under this program must submit a multi-county energy resilience plan complying with the requirements listed in 4.2 and 4.3 to the Oregon Department of Energy by August 1, 2025. The program completion form is due by this deadline as well.

4.1.1 If a plan is not complete, or all requirements for the plan content are not achieved by the program deadline of August 1, 2025, the cohort can request an extension of the performance agreement to December 31, 2025 in the August program completion report.

Cohorts who receive an extension will be required to submit a program completion form and copy of their final plan by December 31, 2025.

If a cohort has not completed their plan, or achieved all requirements for the plan content, by December 31, 2025, the cohort will be required to demonstrate that a good faith effort to complete the plan and requirements has been undertaken. ODOE will request this information as part of the December program completion form. ODOE may request additional information as needed.

ODOE will not request a return of funds provided that a good faith effort to complete the plan and requirements has been undertaken. ODOE reserves the right to revoke funds if a cohort cannot demonstrate that a good faith effort was undertaken to try and complete the plan and meet the requirements by December 31, 2025. ODOE will require a copy of the draft plan at this date. ODOE may also request an extension of the performance agreement to the anticipated termination date for the plan. Once the cohort has completed their plan, ODOE requests a copy of the final version, and if applicable, ODOE will also request an accounting of final use of funds and may request a return of any unspent funds.

4.2 Plan Content

Plans produced must include the following, as set forth by the Oregon Legislature in [HB 3630](#).

4.2.1 Be based on and plan for short-term, medium-term, and long-term power outages.



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Section 4. Program Requirements

4.2 Plan Content (continued)

4.2.2 Identify and map:

4.2.2.1 Existing energy infrastructure in the county including transmission lines, distribution lines, substations, and energy storage systems.

4.2.2.2 Natural hazard risks.

4.2.2.3 Communities that experience social vulnerability.

4.2.2.3.1 A county must consult with representatives from local environmental justice communities to identify and map communities that experience social vulnerabilities.

4.2.3 Identify potential locations for community resilience centers and communication zones that the public may use to access electricity services during a power outage.

4.2.3.1 A county must use the locations of communities that experience social vulnerabilities to prioritize the potential locations of community resilience centers.

4.2.4 Inventory the energy consumption needs of critical public services facilities.

A “critical public services facility” includes a facility related to law enforcement, fire protection, health and medical services, sanitation services, fuel and fueling, public works and engineering, public information, and communications and emergency response.

4.2.5 Identify critical public services facilities where the development of alternate energy generation and storage resources will meet local energy resilience needs.

4.2.6 Identify opportunities to coordinate and locate energy infrastructure development to align with and support critical public services facilities.

4.2.7 Identify time schedules, priorities, and potential funding sources for developing energy resilience.

4.2.8 Identify other actions and resources needed to implement the energy resilience plan.

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Section 4. Program Requirements

4.3 Content Scope

The plan must cover the required content for each county in the cohort.

4.4 Interim Reporting

Cohorts are required to complete biannual interim reports while active in the program. These will be due by October 31, 2024 and March 31, 2025.

Cohorts who receive an extension will be required to complete an additional interim reporting form due by October 31, 2025.

4.5 Plan Adoption

The plan produced under this program should be formally adopted by each county in the cohort and the plan should also be incorporated into each county's natural hazard mitigation plan as stated in HB 3630 Section 2 (a) and (b). These actions do not have to be complete by the program deadline listed in 4.1.

4.6 Lead County Responsibilities

The lead county will be responsible for program processes and paperwork and upholding the program requirements on behalf of the cohort. The lead county will complete the performance agreement with ODOE.



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Section 5. Signatures

Please provide the signature of every county's authorized representative.

Lead County

By signing this application I confirm that:

I am authorized to sign this application on behalf of my county;

I completed this application honestly;

I understand and agree to the information and stipulations included.

Name: _____ Title: _____

Authorized representative signature: _____ Date: _____

County Two

By signing this application I confirm that:

I am authorized to sign this application on behalf of my county;

I completed this application honestly;

I understand and agree to the information and stipulations included.

Name: _____ Title: _____

Authorized representative signature: _____ Date: _____

County Three

By signing this application I confirm that:

I am authorized to sign this application on behalf of my county;

I completed this application honestly;

I understand and agree to the information and stipulations included.

Name: _____ Title: _____

Authorized representative signature: _____ Date: _____



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Section 5. Signatures

County Four

By signing this application I confirm that:

I am authorized to sign this application on behalf of my county;

I completed this application honestly;

I understand and agree to the information and stipulations included.

Name: _____ Title: _____

Authorized representative signature: _____ Date: _____

County Five

By signing this application I confirm that:

I am authorized to sign this application on behalf of my county;

I completed this application honestly;

I understand and agree to the information and stipulations included.

Name: _____ Title: _____

Authorized representative signature: _____ Date: _____

County Six

By signing this application I confirm that:

I am authorized to sign this application on behalf of my county;

I completed this application honestly;

I understand and agree to the information and stipulations included.

Name: _____ Title: _____

Authorized representative signature: _____ Date: _____



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Section 5. Signatures

County Seven

By signing this application I confirm that:

I am authorized to sign this application on behalf of my county;

I completed this application honestly;

I understand and agree to the information and stipulations included.

Name: _____ Title: _____

Authorized representative signature: _____ Date: _____

County Eight

By signing this application I confirm that:

I am authorized to sign this application on behalf of my county;

I completed this application honestly;

I understand and agree to the information and stipulations included.

Name: _____ Title: _____

Authorized representative signature: _____ Date: _____

County Nine

By signing this application I confirm that:

I am authorized to sign this application on behalf of my county;

I completed this application honestly;

I understand and agree to the information and stipulations included.

Name: _____ Title: _____

Authorized representative signature: _____ Date: _____



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Section 5. Signatures

County Ten

By signing this application I confirm that:

I am authorized to sign this application on behalf of my county;

I completed this application honestly;

I understand and agree to the information and stipulations included.

Name: _____ Title: _____

Authorized representative signature: _____ Date: _____



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Section 6. Submission and Resources

Please submit your application to: county.resilience@energy.oregon.gov

Questions? Contact county.resilience@energy.oregon.gov or call 971-240-3577.

Please visit our [program's page](#) for additional resources and support.



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Section 7. Additional Cohort Information

Use this section if you have more than five counties in your cohort.

8.1 County Name (County 6)

County Name: _____

8.2 Eligibility

Check the boxes to confirm eligibility:

Oregon County

Do **not** have energy resilience plan meeting requirements of HB 3630

8.3 Legal Address of County

Street Address: _____

City: _____ State: _____ Zip Code: _____

8.4 Applicant Project Manager

This is the primary point of contact for the program.

Name: _____ Title: _____

Phone: _____ Email: _____

8.5 Applicant Authorized Representative

This is a representative of the county with signatory authority to sign and submit the application on behalf of the county. Provide if not same individual listed above.

Name: _____ Title: _____

Phone: _____ Email: _____



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Section 7. Additional Cohort Information

8.6 County Name (County 7)

County Name: _____

8.7 Eligibility

Check the boxes to confirm eligibility:

Oregon County

Do **not** have energy resilience plan meeting requirements of HB 3630

8.8 Legal Address of County

Street Address: _____

City: _____ State: _____ Zip Code: _____

8.9 Applicant Project Manager

This is the primary point of contact for the program.

Name: _____ Title: _____

Phone: _____ Email: _____

8.10 Applicant Authorized Representative

This is a representative of the county with signatory authority to sign and submit the application on behalf of the county. Provide if not same individual listed above.

Name: _____ Title: _____

Phone: _____ Email: _____



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Section 7. Additional Cohort Information

8.11 County Name (County 8)

County Name: _____

8.12 Eligibility

Check the boxes to confirm eligibility:

Oregon County

Do **not** have energy resilience plan meeting requirements of HB 3630

8.13 Legal Address of County

Street Address: _____

City: _____ State: _____ Zip Code: _____

8.14 Applicant Project Manager

This is the primary point of contact for the program.

Name: _____ Title: _____

Phone: _____ Email: _____

8.15 Applicant Authorized Representative

This is a representative of the county with signatory authority to sign and submit the application on behalf of the county. Provide if not same individual listed above.

Name: _____ Title: _____

Phone: _____ Email: _____



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Section 7. Additional Cohort Information

8.16 County Name (County 9)

County Name: _____

8.17 Eligibility

Check the boxes to confirm eligibility:

Oregon County

Do **not** have energy resilience plan meeting requirements of HB 3630

8.18 Legal Address of County

Street Address: _____

City: _____ State: _____ Zip Code: _____

8.19 Applicant Project Manager

This is the primary point of contact for the program.

Name: _____ Title: _____

Phone: _____ Email: _____

8.20 Applicant Authorized Representative

This is a representative of the county with signatory authority to sign and submit the application on behalf of the county. Provide if not same individual listed above.

Name: _____ Title: _____

Phone: _____ Email: _____



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Section 7. Additional Cohort Information

8.21 County Name (County 10)

County Name: _____

8.22 Eligibility

Check the boxes to confirm eligibility:

Oregon County

Do **not** have energy resilience plan meeting requirements of HB 3630

8.23 Legal Address of County

Street Address: _____

City: _____ State: _____ Zip Code: _____

8.24 Applicant Project Manager

This is the primary point of contact for the program.

Name: _____ Title: _____

Phone: _____ Email: _____

8.25 Applicant Authorized Representative

This is a representative of the county with signatory authority to sign and submit the application on behalf of the county. Provide if not same individual listed above.

Name: _____ Title: _____

Phone: _____ Email: _____

