County of Los Alamos GRANT ANALYSIS AND FINANCIAL MATRIX FORM

This form is to be completed and submitted for review and approval *prior* to applying for any grant on behalf of the County of Los Alamos.

GRANT APPLICANT:		
Matrix Form Su	bmission Status: X	_InitialRevised
Name of Department: Pu	ıblic Works/Transit	- Control of the Cont
Name of Department Head: <u>Jo</u>	n Bulthuis, Deputy Publ	ic Works Director
Contact Information: Email jon.bult	thuis@lacnm.us Pho	ne # <u>505.662.8088</u>
Person Completing This Form: Kyle H	atch, Acting Manageme	nt Analyst
Contact Information: Email: kyle.ha	tch @ lacnm.us Pho	ne# <u>505.663-1759</u>
GRANT INFORMATION:		
Grant Agency/Source FTA/NMDOT T	<u>ransit & Rail Division</u>	
Name of Grant Program <u>Section 5</u>		rogram 2016 for Funding
Opportunity grant application for the		
Application Submission Deadline: Ma		
Federal Grantor/Program Title: Fe		ration Section 5339(b)
Federal CFDA Number: DUNS Nu		
Check Only One: Federal Direct	N V 060 74.5	al Indirect <u>X</u>
State Grantor/Program Title: NI		<u>vision</u>
Private Organization: n/a		
Grant Application: \$ 296,000 Ma		
Estimated Date for Notice of Award (i		1/
Does Grant include loan component?		
Loan Terms (interest rate, years to re	pay)n/a	*
Re	view and Approvals	
<u> </u>	, 0 .	0 10 10
Department Head:	ff 830	62 8-19-16
Signature	Employee	# Date
~ Te	444 070	7 00/10/11
Other Department Head:	Atthur 878	
Signature	Employee	
Budget Manager: Culled	all 799	7 811916
Signature	Employee	# Date
. 47	0 0-0	chall-
Finance Grants Mgr:	8588	
Signature	Employee	# Date
County Manager:		8/19/16
Signature H	Employee	# Date
for M.	7	
Date to Council for Approval to Apply for	Grant: 8/30/2016	

- A. Describe the purpose of the grant and what will be accomplished: <u>The County has been utilizing FTA federal transit funds to provide administrative, operating and capital assistance for Atomic City Transit since 2007. The funds are programmed by NMDOT Transit and Rail Division based upon the submittal of an application for discretionary program grant funding opportunities.</u>
- B. Grant Budget

Expense Type	Grant/Federal Share	Match/In Kind Requirement	Budget Authority (Yes or No)
Administrative (80/20)	\$ 0	\$ 0	n/a
Operating (50/50)	\$ 0	\$ 0	n/a
Capital (80/20)	\$ 296,000	\$ 74,000	Yes
TOTAL	\$ 296,000	\$ 74,000	Yes

C.	Source of Match/In Kind: NCRTD Gross Receipts Tax		
D.	Will a budget revision be required if grant awarded? Yes X No		
E.	Do the resources exist in your department to accomplish the goals of the grant? Yes \underline{X}		
F.	Will resources ($\$$ or people) from another department be required? Yes_No X_If yes, describe: n/a		
G.	Frequency of reporting requirement MonthlyQuarterly Annually \underline{X}		
Н. I.	Frequency of pay requests for reimbursement MonthlyQuarterly Annually X What, if anything, is the County's obligation (personnel or \$) beyond the life of the grant? The application award is a fixed amount and any cost increases must be funded by the County from local matching funds. The County does not expect any cost increases to be funded with Section 5339(b) funds beyond the award identified in the Memorandum of Agreement.		
J.	Is the County the final recipient of the grant proceeds or will there be a sub-recipient? The County is the final recipient of the grant proceeds.		
K.	Who within the department will have responsibility for this grant? <u>Jon Bulthuis, Deputy Public Works Director</u> Programmatic Reporting? <u>Atomic City Transit Management Analyst</u>		
	Financial Reporting? Atomic City Transit Management Analyst		