

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 Submission Status: X Initial ___ Revised ___
Name of Department: Public Works Department
Name of Department Head: Philo S. Shelton
Contact Information: Email philo.shelton@lacnm.us Phone # 505-662-8106
Person Completing This Form: Desirae Lujan
Contact Information: Email desirae.lujan@lacnm.us Phone # 505-662-8212

GRANT INFORMATION:

TAP - Transportation

Grant Agency/Source NMDOT Name of Grant Program Alternatives Program
Application Submission Deadline: November 14th, 2016
Federal Grantor/Program Title: Federal Highway Administration/TAP and RTP - Recreational Trails Program
Federal CFDA Number: 20.205
Check Only One: Federal Direct ___ OR Federal Indirect X ___
State Grantor/Program Title: NMDOT (TAP and RTP)
Private Organization: N/A
Grant **Application**: \$ 2,067,648 Match: \$ 352,352 Total: \$ 2,420,000
Estimated Date for Notice of Award (if awarded): March 2017
Does Grant include loan component? Yes ___ No X
Loan Terms (interest rate, years to repay) _____

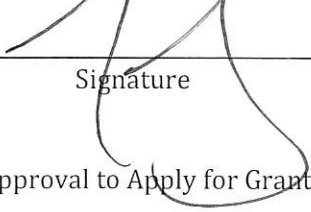
Review and Approvals

Department Head:  8362 10-5-16
Signature Employee # Date

Other Department Head: _____
Signature Employee # Date

Budget Manager:  10-4-16
Signature Employee # Date

Finance Grants Mgr:  10.07.16
Signature Employee # Date

County Manager:  10/8/16
Signature Employee # Date

Date to Council for Approval to Apply for Grant: October 25, 2016

A. Describe the purpose of the grant and what will be accomplished: Design and construct an underpass for the Canyon Rim Trail beneath NM502 from the terminus of Entrada Drive to the trailhead.

B.

C. Grant Budget

| Expense Type | Grant | Match/In Kind Requirement | Budget Authority (Yes or No) |
|------------------|--------------|---------------------------|------------------------------|
| Operational | \$ | \$ | |
| Outside Services | \$ | \$ | |
| Capital Outlay | \$ 2,067,645 | \$ 352,352 | Yes |
| TOTAL | \$ | \$ | |

D. Source of Match/In Kind: FY16 CIP Funds

E. Will a budget revision be required if grant awarded? Yes X No

F. Do the resources exist in your department to accomplish the goals of the grant? Yes

G. Will resources (\$ or people) from another department be required? Yes No X
If yes, describe:

H. Frequency of reporting requirement Monthly X Quarterly Annually

I. Frequency of pay requests for reimbursement Monthly X Quarterly Annually

J. What, if anything, is the County's obligation (personnel or \$) beyond the life of the grant? Maintenance of Improvements

K. Is the County the final recipient of the grant proceeds or will there be a sub-recipient?
Yes, no subrecipient.

L. Who within the department will have responsibility for this grant?
Programmatic Reporting? Desirae Lujan
Financial Reporting? Desirae Lujan/Louise Romero