

County of Los Alamos

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

Name of Department Head: Philo Shelton

Contact Information: Email: philo.shelton@lacnm.us Phone # 662-8106

Person Completing This Form: Desirae Lujan

Contact Information: Email: desirae.lujan@lacnm.us Phone # 662-8212

GRANT INFORMATION:

Grant Agency/Source NMDOT Name of Grant Program Municipal Arterial Program

Application Submission Deadline: 03/15/2018

Federal Grantor/Program Title: State Funds/NA

Federal CFDA Number: NA

Check Only One: Federal Direct _____ OR Federal Indirect _____

State Grantor/Program Title: NMDOT/Municipal Arterial Program

Private Organization:NA

Grant Application: \$ 300,000 **Match:** 25% **Total:** \$ 400,000

Estimated Date for Notice of Award (if awarded): 06/15/2018

Does Grant include loan component? Yes___ No X

Loan Terms (interest rate, years to repay) NA

Review and Approvals

Department Head:  3-13-18
Signature Date

Other Department Head: _____

Signature Date

Budget Manager: Karen Kendall 3/14/18
Signature Date

Finance Grants Mgr: [Signature] 03.14.18
Signature Date

County Manager: _____ 3/15/18
Signature Date

A. Describe the purpose of the grant and what will be accomplished: _____
The Grant would aid in the funding for a new traffic signal at Trinity Drive and 20th
Street. A traffic study was conducted based on current and future conditions at this
location.

B. Grant Budget

| Expense Type | Grant | Match/In Kind Requirement | Budget Authority (Yes or No) |
|------------------|----------------------|---------------------------|------------------------------|
| Operational | \$ 0 | \$ 0 | NA |
| Outside Services | \$ 0 | \$ 0 | NA |
| Capital Outlay | \$ 300,000 Estimated | \$ 100,000 Estimated | Yes, upon award |
| TOTAL | \$ 300,000 Estimate | \$100,000 Estimated | Yes, Upon award |

C. Source of Match/In Kind: Economic Development or CIP

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

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

G. Frequency of reporting requirement Monthly X Quarterly ___ Annually ___

H. Frequency of pay requests for reimbursement Monthly X Quarterly ___ Annually ___

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

J. Is the County the final recipient of the grant proceeds or will there be a sub-recipient?
County is final recipient

K. Who within the department will have responsibility for this grant?
 Programmatic Reporting? Desirae Lujan
 Financial Reporting? Desirae Lujan/David Griego