County of Los Alamos

GRANT ANALYSIS AND FINANCIAL MATRIX FORM

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

GRANT APPLICANT:	
Matrix Form Submission Status: X Initia	
Name of Department: <u>Public Works</u>	
Name of Department Head: Philo Shelton	
Contact Information: Email <u>philo.shelton@lacnm.us</u> Ph	one # <u>663-8106</u>
Person Completing This Form: <u>Annette Granillo</u>	
Contact Information: Email: annette.granillo@lacnm.us Ph	one # <u>663-1770</u>
GRANT INFORMATION: Grant Agency/Source FTA/DOT Name of Grant Program Application Submission Deadline: 06/18/2018 Federal Grantor/Program Title: FTA - Low or No Emission Vehicle Federal CFDA Number: 20.526 - Bus and Bus Facilities Formut Check Only One: Federal Direct OR Federal Indicate Grantor/Program Title: NMDOT - Transit Division / Lo Private Organization: Grant Application: \$1,487,496	icle Program la Program irect X w-No Bus Program tal: \$1,859,370
Department Head: Review and Approvals	5-6-18
Signature	Date
Other Department Head	
Other Department Head:Signature	Date
Budget Manager: Kare Kerel cool Signature	6/5/18 Date
Finance Grants Mgr:	06.05.18
County Manager: Signature	Date
	Date

A. Describe the purpose of the grant and what will be accomplished: <u>The transit division</u> has applied through the New Mexico Department of Transportation formula grant replacement of three (3) vehicles. Proposal if awarded to replace original formula grant with two vehicles and purchase one electric bus through competitive award. Should Los Alamos County not receive a capital award in FY 19 formula grant to apply for 5339 (c) competitive grant.

B. Grant Budget

Expense Type	Grant	Match/In Kind Requirement	Budget Authority (Yes or No)
Operational	\$	\$	
Outside Services	\$	\$	
Capital Outlay	\$1,487,496	\$371,874	. No Dong
TOTAL	\$1,487,496	\$371,874	

C.	Source of Match/In Kind: NCRTD funding source			
	Will a budget revision be required if grant awarded? YesNoNo			
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_XNo If yes, describe: Regular maintenance and repair currently budgeted in the fleet division.			
G.	Frequency of reporting requirement Monthly X Quarterly Annually			
Н.	Frequency of pay requests for reimbursement MonthlyQuarterlyAnnuallyOne Time Request X			
I.	What, if anything, is the County's obligation (personnel or \$) beyond the life of the grant? No additional obligation other than repair and maintenance of the vehicle through the life of the vehicle.			
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 grant proceeds			
K.	Who within the department will have responsibility for this grant? Programmatic Reporting? Annette Granillo Financial Reporting? Kyle Hatch			