

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/Airport
 Name of Department Head: Philo Shelton
 Contact Information, email: philo.shelton@lacnm.us Phone #: 8106
 Person Completing This Form: Cam Humphres
 Contact Information, email: cameron.humphres@lacnm.us Phone : 8420

GRANT INFORMATION:

Grant Agency: FAA Name of Grant Program: Airport Improvement Program (AIP) Grant
Application Submission Deadline: 08/31/2018
Federal Grantor/Program Title: FAA/Airport Improvement Program Grant
Federal CFDA Number: N/A
Check Only One: Federal Direct: X OR Federal Indirect: ____
State Grantor/Program Title: N/A – Federal Grant
Private Organization: N/A
Grant Application: \$613,468 **Match:** \$99,368 **Total:** \$712,836.50
Estimated Date for Notice of Award (if awarded): 09/30/2018
Does Grant include loan component? Yes ____ No: X
Loan Terms (interest rate, years to repay) _____

Review and Approvals

Department Head:  8-20-18
Signature Date

Other Department Head: _____

Signature Date

Budget Manager: my child for Karen Kendall 8/20/18
Signature Date

Finance Grants Mgr: [Signature] 08/20/18
Signature Date

County Manager: _____ Signature _____ Date 8/22/18

Date to Council for Approval to Apply for Grant: _____

- A. Describe the purpose of the grant and what will be accomplished: The existing perimeter fence along the southern and western boundaries of the airport was constructed over 50 years ago and its condition has deteriorated to where it is now inadequate for the safety and security needs of the airport. This grant will provide funds for construction, construction administration, testing, and an update to the airport's FAA required Disadvantaged Business Enterprise (DBE) Program.

B. Grant Budget

Expense Type	Grant	Match/In Kind Requirement	Budget Authority (Yes or No)
Operational	\$0	\$0	
Outside Services	\$613,468	\$99,368.50	No
Capital Outlay	\$0	\$0	
TOTAL	\$613,468	\$99,368.50	No

- C. Source of Match/In Kind: N/A – there is not a match requirement; NMDOT is providing 5% of the 10% required match on an FAA AIP Grant for this project.
- 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 ___ Quarterly X Annually X
- 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? None
- J. Is the County the final recipient of the grant proceeds or will there be a sub-recipient?
The County is the final recipient
- K. Who within the department will have responsibility for this grant?
Programmatic Reporting? Cameron Humphres, Airport
Financial Reporting? David Griego, Finance