## **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 Initial Revised					
Name of Department: Public Works/Transit					
Name of Department Head: Jon Bulthuis, Deputy Public Works Director					
Contact Information: Email jon.bulthuis@lacnm.us Phone # (505)662-8088					
Person Completing This Form: <u>Annette Granillo, Transit Manager</u>					
Contact Information: Email <u>annette.granillo@lacnm.us</u> Phone #(505) 661-1770					
GRANT INFORMATION:					
Grant Agency/Source New Mexico Environment Department/NM Volkswagen					
Environmental Mitigation Trust Program					
Name of Grant Program New Mexico Volkswagen Environmental Mitigation Trust Program					
Application Submission Deadline: 09/14/2018  Fodoral Cranton (Program Title) State of New Maries Francisco and December 1					
Federal Grantor/Program Title: State of New Mexico Environmental Department Federal CFDA Number: DUNS Number 0679423424					
Check Only One: Federal Direct OR Federal Indirect					
State Grantor/Program Title: NMED/NM Volkswagen Environmental Mitigation Trust					
Program					
Private Organization:         N/A           Grant Application:         \$_371,874         Match:         \$_0         Total:         \$_371,874					
Estimated Date for Notice of Award (if awarded): 2018 date not determined at this time					
Does Grant include loan component? Yes No_X_					
Loan Terms (interest rate, years to repay) N/A					
Review and Approvals					
Department Head: 8-8-18					
Signature Date					
Other Department Head: 08 08 2018					
Signature Date					
Budget Manager: Moren Coedial 8/10/18					
Signature Date					
Finance Grants Mgr.: 08/10/18					
Signature Date					
Signature Date					
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County Manager:					
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A.	Describe the purpose of the grant and what will be accomplished: The NMED program				
	request of \$371,874 to be designated as the local match requirement for the Federal				
			ssions grant. Funds are		
	based upon the sub	omittal of an applicat	tion for competitive appl	ication opportunities.	
В.	Grant Budget			1	
	Expense Type	Grant	Match/In Kind Requirement	Budget Authority (Yes or No)	
Operational		\$	\$		
Outside Services  Capital Outlay		\$	\$		
		\$ 371,874	\$ 0	The NO DUT	
T	OTAL	\$ 371,874	\$ 0	The No DOR	
E.	Do the resources exist in your department to accomplish the goals of the grant? _FTA _grant application was submitted April 2018 awards to be announced 9/30/2018  Will resources (\$ or people) from another department be required? YesNo_X_ If yes, describe:N/A				
			Overterly	Ammallar V	
G.	Frequency of repor	rting requirement M	onthlyQuarterly_	Annuany_x	
Н.	Frequency of pay r	equests for reimbur	sement MonthlyQua	rterly Annually_X	
I.	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 NMED Program funds beyond the award identified in County Resolution				
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?  Programmatic Reporting? <u>Kyle Hatch, Transit Management Analyst</u> Financial Reporting? <u>Kyle Hatch, Transit Management Analyst</u>				