County of Los Alamos

GRANT ANALYSIS AND FINANCIAL MATRIX FORM

This form is to be completed and submitted for review and approval \underline{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 Shelton
Contact Information: Email: philo.shelton@lacnm.us Phone # 662-8106
Person Completing This Form: <u>Desirae Lujan</u>
Contact Information: Email: desirae.lujan@lacnm.us Phone # 662-8212
GRANT INFORMATION: Grant Agency/Source NMDOT Name of Grant Program Transportation Alternatives Program (TAP)
Application Submission Deadline: 12/30/2018
Federal Grantor/Program Title: FHWA/Transportation Alternatives Program (TAP)
Federal CFDA Number: NA
Check Only One: Federal Direct OR Federal Indirect
State Grantor/Program Title: N/A
Private Organization: NA
Grant Application : \$ 598,080 (85.44%) Match : \$101,920 (14.56%)
Total : \$
Estimated Date for Notice of Award (if awarded): 03/15/2019
Does Grant include loan component? Yes No \underline{X}
Loan Terms (interest rate, years to repay)NA
Daview and Annyovala
Review and Approvals
Department Head: Ohille 9-17-18
Signature Date
Other Department Head:
Signature Date
Budget Manager: Karen Kerdcell 9/19/18
Signature Date
Finance Grants Mgr: 09/17/18
Signature
County Manager:
Signature Date
Date to Council for Approval to Apply for Grant: October 2, 2018

- A. Describe the purpose of the grant and what will be accomplished: The Grant would aid in the funding of the construction of the Urban Trail, Phase I. from Trinity Drive to Spruce Street. The Trail would consist of a southern connection to the Canyon Rim Trail, Phase III, which is currently under development, then travel north through the Downtown business district and adjacent northern neighborhood. The trail is being designed in house as a side path to adjacent streets and interfacing with traffic only at crossings, which are minimal and at intersections. B. Grant Budget Match/In Kind **Budget Authority Expense Type** Grant Requirement (Yes or No) Operational \$0 \$0 NA NA Outside Services \$0 \$ 0 \$ 101,920 No Capital Outlay \$ 598,080 \$101,920 No TOTAL \$ 598,080 C. Source of Match/In Kind: <u>CIP</u> D. Will a budget revision be required if grant awarded? Yes X No_____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 ves, 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? Trail Maintenance
- K. Who within the department will have responsibility for this grant? Programmatic Reporting? <u>Desirae Lujan</u> Financial Reporting? <u>Desirae Lujan/David Griego</u>

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

County is final recipient