

**County of Los Alamos
GRANT ANALYSIS AND FINANCIAL MATRIX FORM**

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: Check Only One: Initial Revised

Name of Department: Public Works

Name of Department Head: Juan Rael

Person Completing This Form: James Barela

Contact Information: _____ Email James.barela@lacnm.us Phone # 505-663-1770

GRANT INFORMATION:

Grant Agency/Source NM DOT/FTA Name of Grant Program Section 5310 Funding

Application Submission Deadline: Approx 8/31/2024

Federal Grantor/Program Title: 5310 Rural Area Transportation Annual Formula Federal ALN Number: _____

Check Only One: Federal Direct OR Federal Indirect

State Grantor/Program Title: NM Department of Transportation/5310 Rural Area Transportation Formula

Grant Application Amount: \$ 186,741 **Match:** \$ 46,685 **Total:** \$ 233,426

Estimated Date for Notice of Award (if awarded): 05/27/2025

GRANT WRITING SERVICES:

Do you intend to utilize Grant Writing Services currently under contract with the County?

Yes No If yes, what is the estimated cost? _____

Note: The cost of grant writing services will be charged to your Department.

Review and Approvals

Department Head: Juan Rael 6/27/2024
Signature Date

Other Department Head: _____
(if applicable) Signature Date

Finance Grants Mgr: [Signature] 6/27/2024
Signature Date

Budget Manager: Erika Thomas 6/27/2024
Signature Date

Chief Financial Officer: Melissa Dadzie 6/27/2024
Signature Date

County Manager: [Signature] 6/27/2024
Signature Date

Date to Council for Approval to Apply for Grant: July 9, 2024

A. Describe the purpose of the grant and what will be accomplished: _____
Support of public transportation system capital equipment for ACT Assist program, providing transportation to persons
with disabilities FFY2026

B. Grant Budget

Expense Type	Grant	Match/In Kind Requirement	Budget Authority (Yes or No)
Operational	\$	\$	
Outside Services	\$	\$	
Capital Outlay	\$ 186,741	\$ 46,685	No
TOTAL	\$ 186,741	\$ 46,685	No

C. Source of Match/In Kind: General Fund and North Central Regional Transit gross receipts revenue.

D. Will a budget revision be required if grant awarded? Yes 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
 If yes, describe: General support ACT Assist program with capital equipment replacement Unit 4162

G. Frequency of reporting requirement Monthly Quarterly Annually

H. Frequency of pay requests for reimbursement Monthly Quarterly Annually

I. What, if anything, is the County's obligation (personnel or \$) beyond the life of the grant? No additional obligation

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? James Barela
 Financial Reporting? Kyle Hatch