

COUNTY OF LOS ALAMOS **GRANT ANALYSIS AND FINANCIAL MATRIX FORM**

Instructions: 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.

Check Only One: Initial ☒ Updated ☐

GRANT APPLICANT:

Name of Department: Public Works - Airport
 Name of Department Head: Eric Martinez
 Person Completing This Form: Gary Goddard Email: gary.goddard@lacnm.us Phone #: 3423

GRANT INFORMATION:

Check Only One: Federal Direct ☒ Federal Indirect ☐ State ☒ Private Foundation ☐
 Name of Granting Agency: Federal Aviation Administration/NMDOT-Aviation Division
 Program Name or Title: Airport Improvement Program/Infrastructure Investment and Jobs Act
 Application Submission Deadline: 06/30/2025
 Federal ALN Number (if applicable): _____

GRANT APPLICATION AMOUNT:

Grant Share: \$ 677,950 County Share: \$ 7,050 Total: \$ 685,000
 Estimated Date for Notice of Award (if awarded): 7/31/2025

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 Signature Approvals

Department Head: Eric Martinez Eric Martinez
 Other Department Head (if applicable): _____
 Finance Grants Manager: David Griego David Griego
 Budget Manager: Erika Thomas Erika Thomas
 Chief Financial Officer: Melissa Dadzie Melissa Dadzie
 County Manager: Anne W. Laurent Anne W. Laurent
 Date to Council for Approval (if applicable): 06/24/2025

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A. Describe the purpose of the grant and what will be accomplished:

This is a combined grant with the FAA and New Mexico State Aviation Division. The grant covers the design of the relocation of taxiway-F, including the demolition of the existing hangars on the western end of the airfield, the relocation of the access road along side the canyon, and the utilities and site development.

B. Grant/Project Budget:

| Expense Type | Grant Share | County Share | Other | Total |
|------------------|-------------|--------------|-----------------|-----------|
| Operational | \$ | \$ | | |
| Outside Services | \$ 650,750 | \$ 7,050 | \$27,200(state) | \$685,000 |
| Capital Outlay | \$ | \$ | | |
| TOTAL | \$ 650,750 | \$ 7,050 | \$27,200 | \$685,000 |

C. Source of County Share/Other Financing Sources:

Airport Operations and Administration Budget

D. Do you currently have budget authority? Yes ☐ No ☒

E. Will a budget revision be required if grant awarded? Yes ☒ No ☐

F. Do the resources exist in your department to accomplish the goals of the grant? Yes ☒ No ☐

G. Will resources (\$ or people) from another department be required? Yes ☐ No ☒
 If yes, describe:

H. Frequency of reporting requirement: Monthly ☒ Quarterly ☐ Annually ☐

I. Frequency of pay requests for reimbursement: Monthly ☒ Quarterly ☐ Annually ☐

J. What, if anything, is the County's obligation (personnel or \$) beyond the life of the grant?
n/a

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

Check only one: County will be the final recipient ☒ There will be a sub-recipient ☐
 If sub-recipient, please describe:

L. Who within the department will have responsibility for this grant?

Grant/Project Manager: Gary Goddard

Programmatic Reporting: Gary Goddard

Financial Reporting: Gary Goddard