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 Stat	tus: _xx _InitialRevised
Name of Department: Public Works	
Name of Department Head: Rael	
Contact Information: Email_juan.rael@lacnm.us	Phone #(505) 662-8106
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 Application Submission Deadline: Approx 8/31/2022 Federal Grantor/Program Title: 5311 Rural Area Transportation: Federal CFDA Number: Check Only One: Federal Direct_OR State Grantor/Program Title: NM Department of Transportation: Private Organization: Grant Application: \$2,668,064 Match: \$2,000 Estimated Date for Notice of Award (if awarded): Does Grant include loan component? Yes No Loan Terms (interest rate, years to repay) NA	Federal Indirect_X /5311 Rural Area Transportation Formula 052,509 Total: \$4,720,573
Review and App	orovals 7/7/2023
Department Head: Juan Kaul Signature	
Signature	Date
Other Department Head:	
Signature Signature	Date
Budget Manager: Erika Thomas	7/7/2023
Dudget Manager	77172023
Signature	Date
	7/7/2023
Finance Grants Mgr:	Data
Signature	Date
County Manager:Steven Lynne	7/11/2023
County Manager: Steven Lynne Signature	Date
Date to Council for Approval to Apply for Grant:	8, 2023

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

Support of public transportation system including administration, operations and capital equipment for FFY2024

B. Grant Budget

Expense Type	Grant .	Match/In Kind Requirement	Budget Authority (Yes or No)
Administration	\$ 198,361	\$ 49,591	No
Operational	\$ 1,859,078	\$ 1,859,078	No
Capital Outlay	\$ 610,625	\$ 143,840	No
TOTAL	\$ 2,668,064	\$ 2,052,509	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_xNo		
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_X_No If yes, describe: General support administrative, fleet, purchasing		
G.	Frequency of reporting requirement Monthly Quarterly Annually		
Н.	Frequency of pay requests for reimbursement Monthly_x_QuarterlyAnnually		
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?		