

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: _____

Name of Department Head: _____

Person Completing This Form: _____ Email: _____ Phone #: _____

GRANT INFORMATION:

Check Only One: Federal Direct ____ Federal Indirect ____ State ____ Private Foundation ____

Name of Granting Agency: _____

Program Name or Title: _____

Application Submission Deadline: _____

Federal ALN Number (if applicable): _____

GRANT APPLICATION AMOUNT:

Grant Share: \$ _____ County Share: \$ _____ Total: \$ _____

Estimated Date for Notice of Award (if awarded): _____

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: _____

Other Department Head (if applicable): _____

Finance Grants Manager: _____

Budget Manager: _____

Chief Financial Officer: _____

County Manager: _____

Date to Council for Approval (if applicable): _____

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

B. Grant/Project Budget:

Expense Type	Grant Share	County Share	Other	Total
Operational	\$	\$		
Outside Services	\$	\$		
Capital Outlay	\$	\$		
TOTAL	\$	\$		

C. Source of County Share/Other Financing Sources:

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?

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: _____

Programmatic Reporting: _____

Financial Reporting: _____