## **COUNTY OF LOS ALAMOS**

## **GRANT ANALYSIS AND FINANCIAL MATRIX FORM**

Instructions: 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:  Check Only One: Initial Updated  Updated						
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? YesNo						
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:
Н.	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: