

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:

Matrix Form Submission Status: X Initial Revised
 Name of Department: Fire Department
 Name of Department Head: Troy Hughes
 Contact Information: Email troy.hughes@lacnm.us Phone #662-8309
 Person Completing This Form: Kelly Sterna
 Contact Information: Email Kelly.sterna@lacnm.us Phone #662-8304

GRANT INFORMATION:

Grant Agency/Source US Department of Homeland Security
 Name of Grant Program Assistance to Firefighter Grants
 Application Submission Deadline: 12/17/2021
 Federal Grantor/Program Title: 2020 Assistance to Firefighters Grants (AFG)
 Federal CFDA Number: 97.044
 Check Only One: Federal Direct X OR Federal Indirect
 State Grantor/Program Title: NA
 Private Organization: NA
 Grant **Application**: \$261,715 **Match**: \$ 13,085 **Total**: \$ 274,800
 Estimated Date for Notice of Award (if awarded): 05/01/2020
 Does Grant include loan component? Yes No X
 Loan Terms (interest rate, years to repay) N/A

Review and Approvals

Department Head:	<u>Troy Hughes</u>	11/29/2021
Troy Hughes	Signature	Date
Other Department Head:		
	Signature	Date
Budget Manager:	<u>Monther Jubran</u>	11/29/2021
Monther Jubran	Signature	Date
Finance Grants Mgr:	<u>David Griego</u>	11/29/2021
David Griego	Signature	Date
County Manager:	<u>Steven Lynne</u>	11/29/2021
Steven Lynne	Signature	Date

Date to Council for Approval to Apply for Grant: 12/14/2021

- A. Describe the purpose of the grant and what will be accomplished: Currently, LAFD does not have a portable generator or transfer switches to supply LAFD fire stations with back up electrical power in the event of a power outage. If awarded, LAFD will use the proceeds of this grant to purchase (1) portable generator and retrofit existing LAFD fire stations with transfer switches. This generator could also be used for any retrofitted LAC building that may need emergency power to maintain operations.

B. Grant Budget

Expense Type	Grant	Match/In Kind Requirement	Budget Authority (Yes or No)
Operational	\$ 261,715	\$ 13,085	NO
Outside Services			
Capital Outlay			
TOTAL	\$ 261,715	\$ 13,085	274,800

- C. Source of Match/In Kind: Annual State Fire Protection Distribution Fund (FG4001)
- 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?
- F. Will resources (\$ or people) from another department be required? Yes__No
If yes, describe: _____
- 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? Maintenance and replacement of failed equipment – already an existing project with this scope.
- J. Is the County the final recipient of the grant proceeds or will there be a sub-recipient?
Yes, LAC is the final recipient of grant proceeds.
- K. Who within the department will have responsibility for this grant?
Programmatic Reporting? Kelly Sterna
Financial Reporting? Xavier Anderson