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.

Check Only One: Initial <u>X</u> Updated GRANT APPLICANT:					
Name of Department: Public Works Department					
Name of Department Head: Eric Martinez					
Person Completing This Form: Louise Romero Email: lb.romero@lacnm.us_Phone #:505-662-8150					
GRANT INFORMATION:					
Check Only One: Federal Direct Federal Indirect State X Private Foundation					
Name of Granting Agency: New Mexico Department of Finance and Administration					
Program Name or Title: Capital Development Fund - Amplifund					
Application Submission Deadline: August 31, 2025					
Federal ALN Number (if applicable):					
GRANT APPLICATION AMOUNT:					
Grant Share: \$400,455 County Share: \$0.00 Total: \$400,455					
Estimated Date for Notice of Award (if awarded): August 26, 2025					
GRANT WRITING SERVICES: Do you intend to utilize Grant Writing Services currently under contract with the County? Yes X 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					
Other Department Head (if applicable):					
Finance Grants Manager:					
Budget Manager: Erika Thomas Chief Financial Officer: Lune W. Laurent County Manager: Lune W. Laurent					
Chief Financial Officer:					
County Manager:					

Date to Council for Approval (if applicable): August 26, 2025

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

The purpose of this grant from the New Mexico Department of Finance and Administration's Capital Development Fund (AmpliFund Grant) in the amount of \$400,455 is to provide additional funding for the construction of an 8-unit T-hangar at the Los Alamos Airport.

B. Grant/Project Budget:

Expense Type	Grant Share	County Share	Other	Total
Operational	\$	\$	\$	\$
Outside Services	\$	\$	\$	\$
Capital Outlay	\$ 400,455	\$	\$	\$ 400,455
TOTAL	\$ 400,455	\$	\$	\$ 400,455

C.	Source of County Share/Othe	er Financing Sources:		
D.	Do you currently have budget	authority? Yes No X		
E.	Will a budget revision be requ	uired if grant awarded? Yes X No		
F.	Do the resources exist in your department to accomplish the goals of the grant? Yes X No			
G.	. Will resources (\$ or people) from another department be required? Yes No X If yes, describe:			
Н.	. Frequency of reporting requirement: Monthly Quarterly X Annually			
l.	Frequency of pay requests for reimbursement: Monthly Quarterly X Annually			
J.	What, if anything, is the County's obligation (personnel or \$) beyond the life of the grant? Hangar Maintenance.			
K.	Is the County the final recipient of the grant proceeds or will there be a sub-recipient?			
	Check only one: County If sub-recipient, please descr	will be the final recipient X There will be a sub-recipient ibe:		
L.	Who within the department will have responsibility for this grant?			
	Grant/Project Manager:	Gary Goddard, Airport Manager		
	Programmatic Reporting:	Gary Goddard, Airport Manager		
	Financial Reporting:	Gary Goddard, Airport Manager and David Griego, Finance Grants Manager		