

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: Public Works / Airport
 Name of Department Head: Juan Rael
 Contact Information: Email juan.rael@lacnm.us Phone # 662-8150
 Person Completing This Form: Bobbi Huseman
 Contact Information: Email bobbi.huseman@lacnm.us Phone # 663-3423

GRANT INFORMATION:

Grant Agency/Source NMDOT/Aviation Name of Grant Program
 Application Submission Deadline: N/A
 Federal Grantor/Program Title: N/A
 Federal CFDA Number: N/A
 Check Only One: Federal Direct OR Federal Indirect
 State Grantor/Program Title: New Mexico Department of Transportation Aviation
 Private Organization:
 Grant **Application**: \$ 1,500,000 Match: \$ 0 Total: \$ 1,500,000
 Estimated Date for Notice of Award (if awarded): TBD

Review and Approvals

Department Head: <u>Juan Rael</u>	8/15/2023
Signature	Date
Other Department Head: <u> </u>	Date
(if applicable) Signature	Date
Finance Grants Mgr: <u> </u>	8/15/2023
Signature	Date
Budget Manager: <u>Erika Thomas</u>	8/15/2023
Signature	Date
Chief Financial Officer: <u> </u>	8/16/2023
Signature	Date
County Manager: <u>Steven Lynne</u>	8/17/2023
Signature	Date

Date to Council for Approval to Apply for Grant: 08/29/2023

- A. Describe the purpose of the grant and what will be accomplished: _____
This grant will allow for the design, bid, construction management and construction
of an 8-unit t-hangar located on the north ramp.

B. Grant Budget

Expense Type	Grant	Match/In Kind Requirement	Budget Authority (Yes or No)
Operational	\$	\$	
Outside Services	\$	\$	
Capital Outlay	\$1,500,000	\$ 0.00	NO
TOTAL	\$1,500,000	\$0.00	

- C. Source of Match/In Kind: N/A

- D. Will a budget revision be required if grant awarded? Yes X No _____

- 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 _____ No X

If yes, describe: _____

- G. Frequency of reporting requirement Monthly _____ Quarterly X Annually _____

- H. Frequency of pay requests for reimbursement Monthly X Quarterly _____ Annually _____

- I. What, if anything, is the County's obligation (personnel or \$) beyond the life of the grant? Recurring maintenance of the county owned hangars by the Facilities Division

- J. Is the County the final recipient of the grant proceeds or will there be a sub-recipient?
Yes, the County is the final recipient

- K. Who within the department will have responsibility for this grant?

Programmatic Reporting? Bobbi Huseman

Financial Reporting? Bobbi Huseman