County of Los Alamos

GRANT ANALYSIS AND FINANCIAL MATRIX FORM

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:InitialRevised
Name of Department: Public Works	
Name of Department Head: Eric Martinez	- Line Blobs
Person Completing This Form: Keith Wilson	
Contact Information: Email keith.wilson@la	cnm.us Phone #_505-663-1757
GRANT INFORMATION:	
	Transportation Alternatives Program/TAPyRecope
Application Submission Deadline: March 14, 2025	Name of Grant Program Transportation Alternatives Program(TAP)Recrea
Federal Grantor/Program Title: FHWA TAP & RTP	 Federal ALN Number: ^{20.205}
Check Only One: Federal Direct	
State Grantor/Program Title: N/A	rederat muneot
Grant Application Amount: \$3,844,800.00	Match: \$ 655,200.00 Total: \$ 4,500,000.00
Estimated Date for Notice of Award (if award	
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GRANT WRITING SERVICES:	
Do you intend to utilize Grant Writing Service	s currently under contract with the County?
YesNo If yes, what is the es	timated cost?
Note: The cost of grant writing services wi	ll be charged to your Department.
	d Approvals
Department Head: Signature	3/3/2025
Signature	Date
3.8.14.13	
Other Department Head:	
(if applicable) Signature	Date
-	3/3/2025
Finance Grants Mgr:Signature	Date
Budget Manager: Erika Thomas	3/3/2025
Signature	Date
Melissa Dadzie Chief Financial Officer:	3/3/2025
Signature	Date
County Managar. L. Matteson for lune W.	1/4/10 to t
County Manager.	, 1984.
Signature	Date
Date to Council for Approval to Apply for Grant:	March 11, 2025

A.	Describe the purpose of the grant and what will be accomplished:					
	The project will include upgrading two arroyo crossings, one currently is a 4ft wide bridge and the second, a low water crossing. Completion of this project would create a continuous 3-mile-long paved trail from the intersection NM4/Monte Rey Drive on the western side of White Rock to the Overlook Sports Park.					
В.						Grant Budget
	Expense Type	Grant	Match/In Kind Requirement	Budget Authority (Yes or No)		
0	perational	\$	\$			
0	utside Services	\$	\$			
С	apital Outlay	\$ 3,844,800.00	\$ 655,200.00	No		
TO	DTAL	\$ 3,844,800.00	\$ 655,200.00	No		
E. F.	Do the resources exist in your department to accomplish the goals of the grant? YES Will resources (\$ or people) from another department be required? YesNo_X If yes, describe:					
G.	. Frequency of reporting requirement MonthlyQuarterly_x Annually					
Н.	I.Frequency of pay requests for reimbursement MonthlyQuarterly_x Annually					
۱.	What, if anything, is the County's obligation (personnel or \$) beyond the life of the grant?					
J.	Is the County the final recipient of the grant proceeds or will there be a sub-recipient? County is Final Recipient of the grant proceeds					
K.	Who within the department will have responsibility for this grant? Programmatic Reporting? Keith Wilson Financial Reporting? Keith Wilson/David Griego					