County of Los Alamos

GRANT ANALYSIS AND FINANCIAL MATRIX FORM

This form is to be completed and submitted for review and approval \underline{prior} to applying for any grant on behalf of the County of Los Alamos.

GRANT APPLICANT:				
Matrix Form Submission Status	s:Initial <u>x</u> Revised			
Name of Department: Public Works / Airport				
Name of Department Head:				
ontact Information: Email_juan.rael@lacnm.us Phone #_505-662-8150				
Person Completing This Form: Bobbi Huseman				
Contact Information: Email bobbi.huseman@lacnm.us Phone # 505-663-3423				
GRANT INFORMATION: Grant Agency/Source_NMDOT_Name of Grant Agency/Source_NMDOT_Name of Grant Application Submission Deadline: N/A Federal Grantor/Program Title: N/A Federal CFDA Number: N/A Check Only One: Federal Direct_OR State Grantor/Program Title: NMDOT Aviation Division Private Organization: Grant Application: \$1,400,000	Federal Indirect Total: \$ 1,400,000			
Review and Appro	<u>ovals</u>			
Department Head: Enic Marliny for Juan Rael	6/30/2023			
Signature	Date			
Other Department Head: Eric Martines	6/29/2023			
Signature	Date			
Budget Manager: Erika Thomas	6/30/2023			
Signature	Date			
Finance Grants Mgr:	6/30/2023			
Signature	Date			
County Manager: Steven Lynne	6/30/2023			
Signature	Date			

Date to Council for Approval to Apply for Grant: $\underline{^{Grant \, Amend \, Approval \, to \, Council \, on \, 7/11/2023}}$

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

This grant amendment in the amount of \$1,400,000, brings the total grant award to \$3.3mil and will allow for the construction of a fuel farm (storage and dispensing capability) for Jet A and 100LL (AVGAS) at the airport. Fuel sales will add to the self sufficiency of the airport.

B. Grant Budget

Expense Type	Grant	Match/In Kind Requirement	Budget Authority (Yes or No)
Operational	\$	\$	
Outside Services	\$	\$	
Capital Outlay	\$ 1,400,000	\$ 0	No
TOTAL	\$ 1,400,000	\$	

C.	Source of Match/In Kind: N/A
D.	Will a budget revision be required if grant awarded? Yes_xNo
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? YesNo_xIf yes, describe:
G.	Frequency of reporting requirement MonthlyQuarterly Annually
Н.	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? County has on file with the NMDOT a resolution to provide for ongoing maintenance and operation of the airport.
J.	Is the County the final recipient of the grant proceeds or will there be a sub-recipient?
K.	Who within the department will have responsibility for this grant? Programmatic Reporting? Bobbi Huseman
	Financial Reporting? Bobbi Huseman