

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: Initial Revised

Name of Department: PW-Airport

Name of Department Head: Juan Rael

Contact Information: Email juan.rael@lacnm.us Phone # 505.662.8150

Person Completing This Form: Geoff Rodgers

Contact Information: Email geoff.rodgers@lacnm.us Phone # 505.709.8687

GRANT INFORMATION:

Grant Agency/Source NMDOT Name of Grant Program ARPA

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: NMDOT Aviation Division

Private Organization: _____

Grant **Application:** \$ 1,900,000 **Match:** \$ 0 **Total:** \$ 1,900,000

Estimated Date for Notice of Award (if awarded): _____

Does Grant include loan component? Yes No

Loan Terms (interest rate, years to repay) _____

Review and Approvals

Department Head: Juan Rael 6/21/2022

Signature Date

Other Department Head: Eric Martinez 6/21/2022

Signature Date

Budget Manager: Monther Julian 6/21/2022

Signature Date

Finance Grants Mgr: [Signature] 6/21/2022

Signature Date

County Manager: Steven Lynne 6/21/2022

Signature Date

Date to Council for Approval to Apply for Grant: NA; Grant Approval to Council on 6/28/22

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

This grant will allow for the construction of a fuel storage and dispensing capability for both Jet A and 100LL 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	\$ 1,900,000	\$	Yes, FY23 budget
TOTAL	\$ 1,900,000	\$	

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

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

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? 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?
County

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

Programmatic Reporting? Geoff Rodgers

Financial Reporting? Geoff Rodgers