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:					
M	atrix Form Su	bmission Status:	_X1	Initial	_Revised
Name of Department:					
Name of Department He					
Contact Information: E					5)662-8088
Person Completing This					
Contact Information: E					
GRANT INFORMATION: Grant Agency/Source F Name of Grant Program Opportunity grant appli Application Submission Federal Grantor/Progra Federal CFDA Number: Check Only One: Fe State Grantor/Program Private Organization: Grant Application: \$	TA/NMDOT T Section 5 Cation for the Deadline: 08 Title: For DUNS Nuderal Direct Title: N n/a 296,000 ce of Award (component?	339(b) Discretions 2017 fiscal year 2017 fiscal year 25/2017 ederal Transit Admber 06794234 OR MDOT Transit & Match: \$ 74,0 if awarded): Fed Yes_ No_X	ministra 24 Federal Rail Divi 000 eral FY 1	Indirect _sion Total: \$_	on 5339(b) X
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	<u>Ke</u>	eview and Approv	<u>ais</u>		
Department Head:	Wec	lette		7	-28-17
z opar imene rroadi	Signature			Date	
	S				
Other Department Head:_					
17	Signature			Date	
Budget Manager:	u Ce	dall		7-3	31-17
*	Signature			Date	
Finance Grants Mgr:				0 -	1-10
	C:			<u> </u>	1-1/
	Signature			Date	-11
County Manager:					811117
	Signature			Date	1

Date to Council for Approval to Apply for Grant: ______08/08/2017

A. Describe the purpose of the grant and what will be accomplished: The County has been utilizing FTA federal transit funds to provide administrative, operating and capital assistance for Atomic city Transit, public transportation since 2007. Funds are programmed by NMDOT transit & Rail Division based upon the submittal of an application for discretionary program grant funding opportunities.

B. Grant Budget

Expense Type	Grant	Match/In Kind Requirement	Budget Authority (Yes or No)
Operational	\$	\$	
Outside Services	\$	\$	
Capital Outlay	\$ 296,000	\$ 74,000	Yes
TOTAL	\$ 296,000	\$74,000	Yes

C.	Source of Match/In Kind: NCRTD Gross Receipts Tax					
D.	Will a budget revision be required if grant awarded? YesNoX					
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_X_If yes, describe:n/a					
G.	Frequency of reporting requirement MonthlyQuarterly Annually_X_					
Η.	Frequency of pay requests for reimbursement MonthlyQuarterly Annually_X_					
I.	What, if anything, is the County's obligation (personnel or \$) beyond the life of the grant? The application award is a fixed amount and any cost increases must be funded by the County from local matching funds. The County does not expect any cost increases to be funded with Section 5339(b) funds beyond the award identified in the Memorandum of Agreement.					
J.	Is the County the final recipient of the grant proceeds or will there be a sub-recipient? The County is the final recipient of the grant proceeds					
K.	Who within the department will have responsibility for this grant? Programmatic Reporting?Kyle Hatch, Transit Management Analyst Financial Reporting?Kyle Hatch, Transit Management Analyst					