

**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

Name of Department Head: Anne Laurent

Contact Information: Email: anne.laurent@lacnm.us Phone # 662-8106

Person Completing This Form: Eric Ulibarri

Contact Information: Email: eric.ulibarri@lacnm.us Phone # 662-8212

**GRANT INFORMATION:**

Grant Agency/Source NMDOT Name of Grant Program Municipal Arterial Program

Application Submission Deadline: 03/15/2021

Federal Grantor/Program Title: NA/State Program

Federal CFDA Number: NA

Check Only One: Federal Direct   OR Federal Indirect

State Grantor/Program Title: NMDOT/Municipal Arterial Program

Private Organization: NA


Grant **Application**: \$300,000.00 **Match**: \$100,000 (25%) **Total**: \$400,000.00


Estimated Date for Notice of Award (if awarded): 05/15/2021


Does Grant include loan component? Yes   No  X


Loan Terms (interest rate, years to repay) NA

Review and Approvals

Department Head:  2/4/2021  
 Signature Date

Other Department Head:  2/5/2021  
 Date

Budget Manager:  2/5/2021  
 Date

Finance Grants Mgr:  2/5/2021  
 Signature Date

County Manager: Harry Burgess 2/5/2021  
 Signature Date

Date to Council for Approval to Apply for Grant: February 23, 2021

Describe the purpose of the grant and what will be accomplished: The Grant would aid in the funding of a roadway reconstruction project along a segment of Canyon Road between Diamond Drive and Central Ave to include ADA improvements and correct any drainage deficiencies.

A. Grant Budget

Expense Type	Grant	Match/In Kind Requirement	Budget Authority (Yes or No)
Operational	\$ 0	\$ 0	NA
Outside Services	\$ 0	\$ 0	NA
Capital Outlay	\$ 300,000 Estimated	\$100,000 Estimated	No, pending award
TOTAL	\$ 300,000 Estimate	\$100,000 Estimated	No, pending award

B. Source of Match/In Kind: CIP

C. Will a budget revision be required if grant awarded? Yes X No \_\_\_\_\_

D. Do the resources exist in your department to accomplish the goals of the grant? Yes

E. Will resources (\$ or people) from another department be required? Yes \_\_\_ No X

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. Frequency of reporting requirement Monthly X Quarterly \_\_\_ Annually \_\_\_

G. Frequency of pay requests for reimbursement Monthly X Quarterly \_\_\_ Annually \_\_\_

H. What, if anything, is the County's obligation (personnel or \$) beyond the life of the grant? NA

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

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

Programmatic Reporting? Eric Ulibarri

Financial Reporting? Eric Ulibarri/David Griego