

COUNTY OF LOS ALAMOS
GRANT ANALYSIS AND FINANCIAL MATRIX FORM

Instructions: 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.

Check Only One: Initial ☒ Updated ☐

GRANT APPLICANT:

Name of Department: Public Works
Name of Department Head: Eric Martinez
Person Completing This Form: James Barela Email: james.barela@lacnm.us Phone #: 663-1770

GRANT INFORMATION:

Check Only One: Federal Direct ☐ Federal Indirect ☒ State ☐ Private Foundation ☐
Name of Granting Agency: NM DOT/FTA
Program Name or Title: NM DOT/5311 Rural Area Transportation Formula
Application Submission Deadline: Approx 8/31/2025
Federal ALN Number (if applicable): _____

GRANT APPLICATION AMOUNT:

Grant Share: \$ 3,523,755 County Share: \$ 2,418,164 Total: \$ 5,941,919
Estimated Date for Notice of Award (if awarded): 5/27/2026

GRANT WRITING SERVICES:

Do you intend to utilize Grant Writing Services currently under contract with the County?
Yes ☒ No ☐ If yes, what is the estimated cost? _____
Note: The cost of grant writing services will be charged to your Department.

Review and Signature Approvals

Department Head: Eric Martinez
Other Department Head (if applicable): Keith P Wilson
Finance Grants Manager: [Signature]
Budget Manager: Erika Thomas
Chief Financial Officer: Melissa Dadzie
County Manager: Anne W. Laurent
Date to Council for Approval (if applicable): July 8, 2025

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

Support of public transportation system including administration, operations and capital equipment for FFY2027

- B. Grant/Project Budget:

Expense Type	Grant Share	County Share	Other	Total
Operational	\$ 218,693	\$ 54,673		\$ 273,366
Outside Services	\$ 2,049,634	\$ 2,049,634		\$ 4,099,267
Capital Outlay	\$ 1,255,429	\$ 313,857		\$ 1,569,286
TOTAL	\$ 3,523,755	\$ 2,418,164		\$ 5,941,919

- C. Source of County Share/Other Financing Sources:

Transit Operating Fund and North Central Regional Transit gross receipts revenue.

- D. Do you currently have budget authority? Yes ☒ No ☐

- E. Will a budget revision be required if grant awarded? Yes ☒ No ☐

- F. Do the resources exist in your department to accomplish the goals of the grant? Yes ☒ No ☐

- G. Will resources (\$ or people) from another department be required? Yes ☒ No ☐

If yes, describe: General support administrative, fleet, purchasing

- H. Frequency of reporting requirement: Monthly ☒ Quarterly ☐ Annually ☐

- I. Frequency of pay requests for reimbursement: Monthly ☒ Quarterly ☐ Annually ☐

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

No additional obligation

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

Check only one: County will be the final recipient ☒ There will be a sub-recipient ☐

If sub-recipient, please describe:

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

Grant/Project Manager: James Barela

Programmatic Reporting: James Barela

Financial Reporting: Anna Brunson