

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 8/31/2026

Federal ALN Number (if applicable): _____

GRANT APPLICATION AMOUNT:

Grant Share: \$ 4,513,236 County Share: \$ 2,757,768 Total: \$ 7,271,004

Estimated Date for Notice of Award (if awarded): 5/27/2027

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): _____

Finance Grants Manager: ~~_____~~

Budget Manager: MD

Chief Financial Officer: MD

County Manager: Anne W. Laurent

Date to Council for Approval (if applicable): July 7, 2026

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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 FFY2028

B. Grant/Project Budget:

Expense Type	Grant Share	County Share	Other	Total
Operational	\$ 231,504	\$ 57,876		\$ 289,380
Outside Services	\$ 2,172,612	\$ 2,172,612		\$ 4,345,224
Capital Outlay	\$ 2,109,120	\$ 527,280		\$ 2,636,400
TOTAL	\$ 4,513,236	\$ 2,757,768		\$ 7,271,004

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