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* X *Updated* ___

GRANT APPLICANT:

Name of Department: Police

Name of Department Head: Dino Sgambellone, Chief of Police

Person Completing This Form: Kate Stoddard Email: katherine.stoddard@losalamosnm.gov Phone #: 505-661-3435

GRANT INFORMATION:

Check Only One: Federal Direct ___ Federal Indirect ___ State X Private Foundation ___

Name of Granting Agency: NM Department of Finance Administration

Program Name or Title: Local Government Division, 911 Bureau

Application Submission Deadline: 00/00/00

Federal ALN Number (if applicable): _____

GRANT APPLICATION AMOUNT:

Grant Share: $ 757,179 County Share: $ 0.00 Total: $ 757,179

Estimated Date for Notice of Award (if awarded): 07/01/2026

GRANT WRITING SERVICES:

Do you intend to utilize Grant Writing Services currently under contract with the County?

___ Yes X 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: Dino Sgambellone

Other Department Head (if applicable): _____

Finance Grants Manager: [signature]

Budget Manager: [signature]

Chief Financial Officer: [signature]

County Manager: Anne W. Laurent

Date to Council for Approval (if applicable): 08/04/26

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

Grant does not have an application process as it is "awarded" by the State every year in compliance with NMSA 63-9D-8. The purpose is to provide and maintain emergency 911 services, including communication equipment, training and other necessary expenditures to ensure NG911 services are delivered in Los Alamos.

B. Grant/Project Budget:

Expense Type	Grant Share	County Share	Other	Total
Operational	$757,179	$0.00		$757,179
Outside Services	$	$		
Capital Outlay	$	$		
TOTAL	$757,179	$0.00		$757,179

C. Source of County Share/Other Financing Sources:

No Grant Match Required.

D. Do you currently have budget authority? Yes X No ___

E. Will a budget revision be required if grant awarded? Yes X No ___

F. Do the resources exist in your department to accomplish the goals of the grant? Yes X No ___

G. Will resources ($ or people) from another department be required? Yes ___ No X
If yes, describe:

H. Frequency of reporting requirement: Monthly ___ Quarterly ___ Annually X

I. Frequency of pay requests for reimbursement: Monthly ___ Quarterly ___ Annually X

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

Annual recurring grant.

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 X 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: Kate Stoddard, Desiree Miranda

Programmatic Reporting: Kate Stoddard, Desiree Miranda

Financial Reporting: David Griego