

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@losala Phone #: 505-661-3435
 Email: mosnm.gov

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):

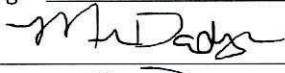
GRANT APPLICATION AMOUNT:

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:
 Budget Manager: 
 Chief Financial Officer: 
 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