

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: Police
 Name of Department Head: Dino Sgambellone, Chief of Police
 Person Completing This Form: Seth Martinez Email: seth.martinez@lacnm.us Phone #: 5056613434

GRANT INFORMATION:

Check Only One: Federal Direct ☐ Federal Indirect ☐ State ☒ Private Foundation ☐
 Name of Granting Agency: NM-DFA/LGD
 Program Name or Title: E911 Grant Program
 Application Submission Deadline: _____
 Federal ALN Number (if applicable): _____

GRANT APPLICATION AMOUNT:

Grant Share: \$ 795,385 County Share: \$ 0.00 Total: \$ 795,385
 Estimated Date for Notice of Award (if awarded): 7/1/2025

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: Dino Sgambellone Dino Sgambellone
 Other Department Head (if applicable): _____
 Finance Grants Manager: David Griego [Signature]
 Budget Manager: _____
 Chief Financial Officer: Helen Perraglio [Signature]
 County Manager: Anne Laurent [Signature]
 Date to Council for Approval (if applicable): July 15th, 2025

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

This 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 E911 services are delivered in Los Alamos

- B. Grant/Project Budget:

Expense Type	Grant Share	County Share	Other	Total
Operational	\$ 795,385	\$ 0.00		795,385
Outside Services	\$	\$		
Capital Outlay	\$	\$		
TOTAL	\$	\$		795,385

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

No Grant Match Required

- 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:

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

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

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

none

- 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:

Kate Stoddard / Desiree Miranda

Programmatic Reporting:

Kate Stoddard / Desiree Miranda

Financial Reporting:

David Grigo