Grant Evaluation Form

Arapahoe County Government

_____ (Dept Code-Year-Number)

Overview

Grant Name Local Planning Capacity Grant Program
Grantor Colorado Department of Local Affairs
Amount applied for $200,000
Application/submission deadline 02/26/26
Does application/proposal require/imply acceptance? No
Office/Department/Division applying Public Works and Community Resources
Grant period (time to expend funds) 2 years
New grant X Renew existing _____ Expand existing _____
Previous grant name and dates, if applicable _____
Federal grant _____ If so, federal agency _____
If so, CFDA #(s) _____
If on grants.gov, Opportunity # _____
State grant X If so, state agency Department of Local Affairs
Are federal funds passed through _____
If so, CFDA #(s)
Apply via COGMS online?_____
Other grantor _____

Benefits

What is grant expected to accomplish? Increase the capacity to address afforda housing by expediting development review, permitting, and zoning
How does it align with County and department goals and objectives? _____
Aligns with Public Works and Community Resources goals for increasing afford
How will success be measured Development of an expedited permitting review and development review process for transit centers.
What constituency is expected to benefit? Residents of Arapahoe County
New service _____ Existing service _____Expanded service X
Alternatives to using grant to accomplish this benefit General funds
_____

Cost/Budget

Matching funds
Matching funds required – Cash 50%_In-kind__Funding source__General__
FTE's
New FTE's? None Duration_____
If not grant funded, describe funding plan _____
Are benefits covered? _____How much?_____ If not, plan to cover_____
Describe any potential workman's comp risk _____
If occurred, plans to fund _____
Anticipated unemployment costs when termed _____
Plans to fund unemployment or workman's comp after grant is closed _____
Describe space and equipment available for new FTE _____
Are additional space or equipment costs covered in grant? _____

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Fixed/capital asset

Describe asset None

Estimated dollar amount & how derived _____

Did process of estimating costs meet federal or grant requirements? _____

Specific purchasing requirements _____

Requirements for use of asset _____

Requirements for disposition of asset _____

Plan to replace when expired? ____When? ____How?_____How much? ____

Plan for funding IG rents _____

IT hardware/software _____

Anticipated implementation costs and how funded_____

Anticipated implementation timeline_____Corroborated with IT?_____

Priority ranking _____

Staff dedicated to implementation _____

Anticipated asset maintenance costs_____Plan to fund them_____

Advance or reimbursement grant Not discussed in application materials

If reimbursement, how often will requests be filed_____

Is there a time frame to be met after which it becomes nonreimburseable?

How plan to meet that deadline _____

How plan to fund nonreimburseable expenditures _____

Allowable costs

Anticipated administration costs None

What are allowable costs for reimbursement _____

If subject to single audit, will grant pay fees? _____

If audit and admin costs are not covered, plans for funding them_____

Compliance Requirements

Does the grant require:

EEOP Not discussed in application materials - Review g

Drug-free workplace Not discussed in application mate

Davis-Bacon Not discussed in application materials - R

Minority & women owned preferences or Historically Underutilized Business (HUBS) purchases Not discussed in application materials - Rev

Does acceptance of the grant obligate the County to provide goods/services/service levels/standards beyond the grant period or funding? No

If so, describe _____

Plans for funding _____

Other compliance requirements specific to this grant Review grant agreement, it

Impact on County Operations

Does the grant require IT support to implement or support? No

Describe plans _____

Describe plans for tracking and reporting Public Works building and code data v

Requesting Finance to assist in setting up grant tracking system in SAP____

Describe the training and experience of the staff responsible for the tracking and reporting of this grant Extensive experience with code review

Does the grant require FFM assistance for additional space for FTE or equipment

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Describe plans _____

Will the grant require any change in County or department/office policy? No

If so, describe _____

Describe any other potential impact on other departments/offices No

Other Considerations

Is there an automatic renewal in subsequent years? No

Is it a regional grant benefiting more than just Arapahoe County _____

If so, describe _____

Is the County acting as fiscal agent? _____

If so, attach narrative describing entities covered, responsibilities, how admin costs are funded, benefits & exposure _____

Are funds being passed through to another agency/partner/subgrantee? No

If so, describe _____

Describe plans to monitor subgrantee compliance _____

Are others participating in costs? _____ How? _____

Are there any other potential liabilities No

Name and title of person authorized/responsible for

Grant application Lizze Loomis and Jason Reynolds

Required reporting Lizze Loomis and Jason Reynolds

Reimbursement requests _____

Plan for approval

Drop-in 11/17

Study Session _____

Dept/Office signature only _____

Staff Contacts Involved in Evaluation Process

Dept/Office applying for grant Public Works and Community Resources

Attorney's Office _____

Attorney's Office – Risk Mgmt _____

Facilities & Fleet Management _____

Finance – Grants _____

Finance – Budget _____

Finance – Purchasing _____

HR _____

IT _____

Attachments

List attachments

Grant application form _____

Grant application instructions _____

Specific compliance requirements _____

Other, describe https://dlg.colorado.gov/local-planning-capacity-grant

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Signature

Grant submitted by

Name Lizze Loomis and Jason Reynolds

Title Division Managers

Elected Official/Department Director/Designee Katherine Smith/ Bryar

Date 10/29/2025

Reviewed by

County Attorney's Office

Name Tiffanie Bleau

Title Attorney

Date 10/29/2025

Comments _____

Finance Department

Accounting – Grants

Name Gustano Guzman

Title Grant Accountant

Date 11/03/2025

Comments _____

Budget

Name _____

Title _____

Date _____

Comments _____

Purchasing

Name _____

Title _____

Date _____

Comments _____