Attachment III-Federal Grants

Agency Name: DC Health Benefit Exchange Authority

	Grant Name	Estimated Balance into FY 2017	Estimated FY 2017 Award	Federal Agency Awarding the Grant	New/On-going	Purpose
	Total	**$0**	**$0**			

Attachment III-Federal Payments					
Agency Name: DC Health Benefit Exchange Authority					
	FY 2016 Payment	**FY 2017 Payment**	**Change**	**New/On-going**	**Purpose**
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
	$0	**$0**	**$0**		