Attachment III- Grants (Federal & Private) Agency Name: New Columbia Statehood I	9				1																
	Eund / Statehor	d Initiatives (AR0)										1	1		1						
Agency Name: New Columbia Clatencou		a midulites (Pato)																			
						Official Award Amount															
Gra	rant Type		Catalog of Federal	Grant Period of Performance (i.e. 01/01/2018 - 12/31/2019)	Official Award Date	(Please list anticipated or			Grant Allowable	Anticipated Grant											
(Fe	ederal or 0	Grantor/Agency Name	Domestic Assistance	Grant Period of Performance	(Anticipated date if	previous year's amount if	New vs	Carryover vs New	Expenses: PS, NPS,	Use: PS, NPS, or Both		MOE Requirement	SOAR Grant		FY19 Approved	FY19 Anticipated	FY19 #	FY19 # Anticipated	DC Agency Program Manger Name	DC Agency Program Manager Position Title	
Official Grant Name P	Private)	(Federal or Private)	Number (CFDA)	(i.e. 01/01/2018 - 12/31/2019)	not vet available)	not vet avaialble)	Ongoing Grant	Award	or Both	Both	Match Amount	(Y/N)	Number	SOAR Grant Phase	Budget	Revised Budget	Approved FTEs	Revised FTEs	Manger Name	Manager Position Title	Grant Purpose
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N/A																					
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