Attachment III- Grants (Federal & Pri	rivate)																		<u> </u>
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Agency Name: The Office of the Chie	int Martinal Francisco	(EVA)															1		
Agency Name: The Office of the Chi	iler medical Examin	er (FAU)															+		
Official Grant Name	Grant Type (Federal or Private)	Grantor/Agency Name (Federal or Private)	Catalog of Federal Domestic Assistance Number (CFDA)	Grant Period of Performance (i.e. 01/01/2018 12/31/2019)	Official Award Date (Anticipated date if not yet available)	Official Award Amount (Please list anticipated or previous year's amount if not yet avaialble)	New vs Ongoing Grant	Grant All Carryover vs New Expenses: Award or B	lowable PS, NPS, or Both	Match Amount	MOE Requirement (Y/N)	SOAR Grant Number	SOAR Grant Phas	FY19 Approved F	Y19 Anticipated FY19 # Revised Budget Approved FI	FY19 # Anticipated	i DC Agency Program Manger Name	DC Agency Program Manager Position Title	Grant Purpose
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Attachmen	nt III-Federal Payment	S			
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tachment III- Grants Lapse (FY	(17)																			
ncy Name:																				
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	Grant Type		Catalog of Federal	Grant Period of Performance (i.e. 01/01/2018 - 12/31/2019)			Expenditures Prior		Grant Allowable	,				Cash. Accrued.	FY17 Unexpended	FY17#			DC Agency Program Manager Position Title	
	(Federal or	Grantor/Agency Name	Domestic Assistance	Performance (i.e. 01/01/2018	Original, Official	Original, Official	to FY17 (Including	ew vs Carryover vs	New Expenses: PS,	SOAR Grant		FY17 Approved	FY17 Revised	and ID	Grant Award	Approved	FY17 # Year-	DC Agency Program	DC Agency Program	
Official Grant Name	Private)	Grantor/Agency Name (Federal or Private)	Number (CFDA)	- 12/31/2019)	Award Date	Award Amount	IDCR) Onge	ng Grant Award	NPS, or Both	Number	SOAR Grant Phase	Budget	Budget (Year-end)	Expenditures	Amount	FTEs	end FTEs	Manger Name	Manager Position Title	Grant Purpose
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