

Attachment III- Grants (Federal & Private)																							
Agency Name: Office of Police Complaints (FH0)																							
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 available)	New vs Ongoing Grant	Carryover vs New Award	Grant Allowable Expenses: PS, NPS, or Both	Anticipated Grant Use: PS, NPS, or Both	Match Amount	MOE Requirement (Y/N)	SOAR Grant Number	SOAR Grant Phase	FY19 Approved Budget	FY19 Anticipated Revised Budget	FY19 # Approved FTEs	FY19 # Anticipated Revised FTEs	DC Agency Program Manager Name	DC Agency Program Manager Position Title	Grant Purpose		
None																							
															Total	\$0	\$0	-	-				