Attachment III- Grants (Federal & Pr	rivate)																					
Agency Name:																						
-																						
					Official Award	Official Award Amount																
	Grant Type		Catalog of Federal	Grant Period of	Date (Anticipated	(Please list anticipated or			Grant Allowable	Anticipated Grant												
	(Federal or	Grantor/Agency Name	Domestic Assistance	Performance (i.e. 01/01/2018	date if not yet	previous year's amount if	New vs	Carryover vs New	Expenses: PS, NPS,	Use: PS, NPS, or		MOE Requirement	SOAR Grant		FY19 Approved	FY19 Anticipated	FY19 #	FY19 # Anticipated	DC Agency Program	DC Agency Program Manager Position Title		
Official Grant Name	Private)	(Federal or Private)	Number (CFDA)	Grant Period of Performance (i.e. 01/01/2018 12/31/2019)	available)	not yet avaialble)	Ongoing Grant	Award	or Both	Both	Match Amount	(Y/N)	Number	SOAR Grant Phas	e Budget	Revised Budget	Approved FTEs	Revised FTEs	Manger Name	Manager Position Title	Grant Purpose	
None																						
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