Attachment III-Federal Grants						
Agency Name: DC Health Benefits Exchange Authority						
	Grant Name	**Estimated Balance into FY 2018**	**Estimated FY 2018 Award**	**Federal Agency Awarding the Grant**	**New/On-going**	**Purpose**

Attachment III-Federal Payments					
Agency Name: DC Health Benefits Exchange Authority					
	FY 2017 Payment	**FY 2018 Payment**	**Change**	**New/On-going**	**Purpose**
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
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	$0	**$0**	**$0**		