Attachment III- Grants (Federal & I	Private)									•												·
Agency Name: Office of the City Administrator (AE0)																						
					Official Assess	Official Award Amount																
	Grant Type		Catalog of Endoral	Grant Period of	Date (Anticipated	(Please list anticipated or			Grant Allowable	Anticipated Grant												
	(Federal or	Grantor/Agency Name	Domestic Assistance	Performance (i.e. 01/01/2019	date (Anticipated	previous year's amount if	Now vs	Carryover vs New	Fynansas: PS NPS	Hee PS NPS or		MOF Requirement	SOAR Grant		FY21 Proposed	FY21 Anticipated	FY21 #	FV19 # Anticipated	DC Agency Program	DC Agency Program		
Official Grant Name	(Federal or Private)	(Federal or Private)	Number (CFDA)	Grant Period of Performance (i.e. 01/01/2019 12/31/2021)	available)	not vet available)	Ongoing Grant	Award	or Both	Both	Match Amount	(Y/N)	Number	SOAR Grant Phase	Budget	Revised Budget	Proposed FTEs	Revised FTEs	DC Agency Program Manger Name	DC Agency Program Manager Position Title		Grant Purpose
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Attachment III-Federal Payment	S			
Agency Name: Office of the City	/ Administrator (AE0)			
FY 2020 Payment	FY 2021 Payment	Change	New/On-going	Purpose
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Advantage Course Long (CASO)																				
Attachment III- Grants Lapse (FY19))						_		-											
Agency Name: Office of the City Administrator (AE0)									-	-	l									
														FY19 Year-end						
	Grant Type		Catalog of Federal	Grant Period of		Expenditures F	rior		Grant Allowable					Cash, Accrued,	FY19 Unexpended	FY19 #				
000-1-1-0	(Federal or	Grantor/Agency Name (Federal or Private)	Domestic Assistance	Performance (i.e. 01/01/2018	Original, Official Original, Award Date Award	Official to FY19 (Includ	ing New vs	Carryover vs New	Expenses: PS,	SOAR Grant	0040 0 01	FY19 Approved	FY19 Revised Budget (Year-end)	and ID	Grant Award	Approved	FY19 # Year-	DC Agency Program Manger Name	DC Agency Program Manager Position Title	O D
Official Grant Name	Private)	(Federal or Private)	Number (CFDA)	- 12/31/2019)	Award Date Award	mount IDCR)	Ongoing Gran	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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