Attachment III- Grants (Federal & Private)																					
Agency Name:																					
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. 01/01/2019 - 12/31/2021)**	**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**	**FY21 Proposed Budget**	**FY21 Anticipated Revised Budget**	**FY21 # Proposed FTEs**	**FY19 # Anticipated Revised FTEs**	**DC Agency Program Manger Name**	**DC Agency Program Manager Position Title**	**Grant Purpose**
N/A																					
														Total	**$0**	**$0**	**-**	**-**			