Attachment III- Grants (Federal & Private)

Agency Name: Office of Cable Television, Film, Music and Entertainment (CI0)

NONE TO REPORT

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	Additional Notes
N/A																						
														Total	$0	$0	-	-				

Attachment III-Federal Payments					
Agency Name: Office of Cable Television, Film, Music and Entertainment (CI0)					N/A
	FY 2020 Payment	FY 2021 Payment	Change	New/On-going	Purpose
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
	$0	$0	$0		

Attachment III- Grants Lapse (FY19)

Agency Name: Office of Cable Television, Film, Music and Entertainment (CI0)

NONE TO REPORT

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)	Original, Official Award Date	Original, Official Award Amount	Expenditures Prior to FY19 (Including IDCR)	New vs Ongoing Grant	Carryover vs New Award	Grant Allowable Expenses: PS, NPS, or Both	SOAR Grant Number	SOAR Grant Phase	FY19 Approved Budget	FY19 Revised Budget (Year-end)	FY19 Year-end Cash, Accrued, and ID Expenditures	FY19 Unexpended Grant Award Amount	FY19 # Approved FTEs	FY19 # Year-end FTEs	DC Agency Program Manger Name	DC Agency Program Manager Position Title	Grant Purpose	Additional Notes
N/A																$ -						
																$ -						
																$ -						
																$ -						
																$ -						
																$ -						
												Total	$ -	$ -	$ -	$ -	-	-				