Attachment III- Grants (Federal & Pr	rivate)																				
Amacinina in-Orania (Facarara y	ivane)																				
Agency Name:		verage Regulation Adminis																			
Agency Name:	Alcoholic Be	verage Regulation Adminis	stration (LGB)																		
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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	FY22 Proposed Budget	FY22 Anticipated Revised Budget	FY22 # Proposed FTEs	FY22 # Anticipated Revised FTEs	DC Agency Program Manger Name	DC Agency Program Manager Position Title	Grant Purpose
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Attachment III-Fede	ral Payments												
Agency Name:	Alcoholic Beverage Regulation Administration (LQ0)												
	FY 2021 Payment	FY 2022 Payment	Change	New/On-going	Purpose								
None			0										
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Attachment III- Grants Lapse (F	Y20)																
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Agency Name:	Alcoholic Be	verage Regulation Admin	istration (LQ0)														1
	Grant Type		Catalog of Federal	Grant Period of			Expenditures	New vs		Grant Allowable					FY20 Year-end Cash,		
	(Federal or	Grantor/Agency Name		Performance (i.e.		Original, Official	Prior to FY19	Ongoing	Carryover vs				FY20 Approved	Budget (Year-		Grant Award	Approved
Official Grant Name	Private)	(Federal or Private)	Number (CFDA)	01/01/2018 - 12/31/2019)	Award Date	Award Amount	(Including IDCR)	Grant	New Award	NPS, or Both	Number	Phase	Budget	end)	Expenditures	Amount	FTEs
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