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Color   Colo	Attachment III- Grants (Federal & Pr	Yivate)																				
Control Start No.   Cont																						
	Agency Name: DL0 Board of Electi-	ions																				
							Official Award Amount															
		Grant Type		Catalog of Federal		Official Award Date	(Please list anticipated or			Grant Allowable	Anticipated Grant											
		(Federal or	Granton/Agency Name	Domestic Assistance	Grant Period of Performance	(Anticipated date if	previous year's amount if	New vs	Carryover vs New	Expenses: PS, NPS,	Use: PS, NPS, or		MOE Requirement	SOAR Grant		FY22 Proposed	FY22 Anticipated	FY22 #	FY22 # Anticipated	DC Agency Program Manger	DC Agency Program	
	Official Grant Name	Private)	(Federal or Private)	Number (CFDA)	6.e. 61/01/2019 - 12/31/2021	) not yet available)	not yet available)	Ongoing Grant	Award	or Both	Both	Match Amount	(Y/N)	Number	SOAR Grant Phase	Budget	Revised Budget	Proposed FTEs	Ravised FTEs	Name	Manager Position Title	Grant Purpose
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Attachmen	t III-Federal Payments			l		
Attachinen	tin-rederari ayıncına					
Agency Na	me: DL0 Board of Ele	ections				
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					_	Federal COVID Response (Yes/No - If Yes indicate the amount of the grant that is the result of the Federal COVID response and the Federal COVID response legislation that funded the
	FY 2021 Payment	FY 2022 Payment	Change	New/On-going	Purpose	grant or payment.)
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Attachment III- Grants Lapse (FY20)				T		$\overline{}$					$\overline{}$		$\overline{}$	$\overline{}$		$\overline{}$	T-1	-			•	
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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. 01/01/2018 - 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	OAR Grant Phase	FY20 Approved Budget	FY20 Revised 3udget (Year-end)	FY20 Year-end Cash, Accrued, and ID Expenditures	FY20 Unexpended Grant Award Amount	FY20 # Approved FTEs	FY20 # Year-end L FTEs	DC Agency Program Manger Name	DC Agency Program Manager Position Title	(Yesi Federa Grant Purpose	es/No - If Yes i leral COVID res
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