|  |                                       |   |  |   |   |   |                                       |                               | 1  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   | 1  |                  |
|--|---------------------------------------|---|--|---|---|---|---------------------------------------|-------------------------------|--|--|--------------|--------------------------|----------------------|------------------|----------------------|-----------------------------------|-------------------------|---|--|---|--|------------------|
| Attachment III- Grants (Federal & F                          | Private)                              |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               | 1  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
| Agency Name:   |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
| Official Grant Name  | Grant Type<br>(Federal or<br>Private) | Grantor/Agency Name<br>(Federal or Private) | Catalog of Federal<br>Domestic Assistance<br>Number (CFDA) | Grant Period of Perfor<br>(i.e. 01/01/2019 - 12/3 | Official Award D<br>rmance (Anticipated dat<br>1/2021) not yet availabi | Official Awar<br>Date (Please list an<br>te if previous year<br>ble) not yet av | nticipated or<br>r's amount if New vs | Carryover vs Nev<br>ant Award | Grant Allowable<br>v Expenses: PS, NP<br>or Both | Anticipated Grant<br>S, Use: PS, NPS, or<br>Both | Match Amount | MOE Requirement<br>(Y/N) | SOAR Grant<br>Number | SOAR Grant Phase | FY22 Proposed Budget | Y22 Anticipated<br>Revised Budget | FY22 #<br>Proposed FTEs | FY22 # Anticipated DC Agency Program Mar<br>Revised FTEs Name | inger DC Agency Program<br>Manager Position Title            | Grant Purpose   | Federal COVID Response<br>(Yea/No - If Yes indicate the amount of the grant that is the result of the<br>Federal COVID response and the Federal COVID response legislation that<br>funded the grant or payment.) | Additional Notes |
| Funding to repeal the Childhood<br>Lead Exposure Act of 2017 | Federal                               | ARPA - State                                |  | 10/1/21 - 09/30/22                                |   | \$ 3,   | ,400,000.00 New                       | Now                           |  | NPS  |              |                          |                      |                  | \$ 3,400,000.00 \$   | 3,400,000.00                      |                         | - Audrey Williams   | Sr Mgr, intelgovernmental<br>Relations and School<br>Support | Funding to repeal the Childhood Lead Exposure Act of 2017 | No   |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       | 1   |  |   |   |   |                                       |                               | 1  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               | 1  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  | +                                     |   |  | +   |   |   |                                       | -                             | 1  | -  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  | 1                                     |   |  | 1   |   |   |                                       |                               | 1  | -  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   | -  | 1   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  | -                                     |   |  | -   |   |   |                                       | _                             |  | -  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  | -  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  | -  |              |                          |                      | 7.1.1            | \$3,400,000          | 62.400.000                        |                         |   |  |   |  |                  |
|  |                                       |   |  |   |   |   |                                       |                               |  |  |              |                          |                      |                  |                      |                                   |                         |   |  |   |  |                  |

| Attachmon | t III-Federal Payments |                 |        |              |         |   |
|-----------|------------------------|-----------------|--------|--------------|---------|---|
| Auachinen | i ni-i cucial rayments | ,<br>           |        |              |         |   |
| Agency Na | mo.                    |                 |        |              |         |   |
| Agency Na | ille.                  |                 |        |              |         |   |
|           |                        |                 |        |              |         | Federal COVID Response<br>(Yes/No - If Yes indicate the amount of the grant that is<br>the result of the Federal COVID response and the<br>Federal COVID response legislation that funded the |
|           | FY 2021 Payment        | FY 2022 Payment | Change | New/On-going | Purpose | grant or payment.)  |
|           |                        |                 | 0      |              |         |   |
|           |                        |                 | 0      |              |         |   |
|           |                        |                 | 0      |              |         |   |
|           |                        |                 | 0      |              |         |   |
|           |                        |                 | 0      |              |         |   |
|           |                        |                 | 0      |              |         |   |
|           |                        |                 | 0      |              |         |   |
|           |                        |                 | 0      |              |         |   |
|           |                        |                 | 0      |              |         |   |
|           |                        |                 | 0      |              |         |   |
|           |                        |                 | 0      |              |         |   |
|           |                        |                 | 0      |              |         |   |
|           |                        |                 | 0      |              |         |   |
|           |                        |                 | 0      |              |         |   |
|           |                        |                 | 0      |              |         |   |
|           | \$0                    | \$0             | \$0    |              |         |   |

| Attachment III- Grants Lapse (FY20) | 1                                     |   |  |   | 1                                | 1                                  | 1   |                         |                           | r r  |                      |                  | 1                       |                                   |  | 1                                      |                             | 1                           |                                |   |               |  |                  |
|-------------------------------------|---------------------------------------|---|--|---|----------------------------------|------------------------------------|---|-------------------------|---------------------------|--|----------------------|------------------|-------------------------|-----------------------------------|--|--|-----------------------------|-----------------------------|--------------------------------|---|---------------|--|------------------|
| capac (i rzo)                       |                                       |   |  | 1   | -                                |                                    |   |                         | -                         |  |                      |                  |                         |                                   | -  | 1                                      |                             |                             |                                |   | 1             |  |                  |
| Agency Name:                        |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  |  |                             |                             |                                |   |               |  |                  |
| Agency name.                        |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  |  |                             |                             |                                |   |               |  |                  |
| Official Grant Name                 | Grant Type<br>(Federal or<br>Private) | Grantor/Agency Name<br>(Federal or Private) | Catalog of Federal<br>Domestic Assistance<br>Number (CFDA) | Grant Period of Performance<br>(i.e. 01/01/2018 - 12/31/2019) | Original, Official<br>Award Date | Original, Official<br>Award Amount | Expenditures Prior<br>to FY19 (Including<br>IDCR) | New vs<br>Ongoing Grant | Carryover vs New<br>Award | Grant Allowable<br>Expenses: PS,<br>NPS, or Both | SOAR Grant<br>Number | SOAR Grant Phase | FY20 Approved<br>Budget | FY20 Revised<br>Budget (Year-end) | FY20 Year-end<br>Cash, Accrued, and<br>ID Expenditures | FY20 Unexpend<br>Grant Award<br>Amount | led<br>FY20 #<br>Approved F | FY20 # Year-end<br>TEs FTEs | d DC Agency Program Ma<br>Name | anger DC Agency Program<br>Manager Position Title | Grant Purpose | Federal COVID Response<br>(Yes/No - If Yes indicate the amount of the grant that is the result of the<br>Federal COVID response and the Federal COVID response legislation that<br>funded the grant or payment.) | Additional Notes |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | \$                                     |                             |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | \$                                     | -                           |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | а<br>е                                 |                             |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | а<br>е                                 |                             |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | e                                      | -                           |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | e                                      | -                           |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | e                                      | -                           |                             | 1                              |   |               |  |                  |
|                                     |                                       |   |  | 1   | 1                                | 1                                  |   |                         | 1                         |  |                      |                  | 1                       |                                   | 1  | e                                      |                             |                             | 1                              |   | 1             |  |                  |
|                                     |                                       |   |  | 1   | 1                                | 1                                  |   |                         | 1                         |  |                      |                  | 1                       |                                   | 1  | e                                      |                             |                             | 1                              |   | 1             |  |                  |
|                                     |                                       |   |  | 1   | 1                                | 1                                  |   |                         | 1                         |  |                      |                  | 1                       |                                   | 1  | e                                      |                             |                             | 1                              |   | 1             |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | é                                      |                             |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | e                                      | -                           |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | e                                      | -                           |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | ŝ                                      |                             |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | ŝ                                      |                             |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | ŝ                                      |                             |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | ŝ                                      |                             |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | ŝ                                      |                             |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | ŝ                                      |                             |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | ŝ                                      |                             |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | ŝ                                      |                             |                             |                                |   |               |  |                  |
|                                     |                                       |   |  | 1   | -                                |                                    |   |                         | -                         |  |                      |                  |                         |                                   | -  | ŝ                                      |                             |                             |                                |   | 1             |  |                  |
|                                     |                                       |   |  | 1   | -                                |                                    |   |                         | -                         |  |                      |                  |                         |                                   | -  | ŝ                                      |                             |                             |                                |   | 1             |  |                  |
|                                     |                                       |   |  | 1   | -                                |                                    |   |                         | -                         |  |                      |                  |                         |                                   | -  | s                                      |                             |                             |                                |   | 1             |  |                  |
|                                     |                                       |   |  | 1   | -                                |                                    |   |                         | -                         |  |                      |                  |                         |                                   | -  | s                                      |                             |                             |                                |   | 1             |  |                  |
|                                     |                                       |   |  | 1   | -                                |                                    |   |                         | -                         |  |                      |                  |                         |                                   | -  | s                                      |                             |                             |                                |   | 1             |  |                  |
|                                     |                                       |   |  |   | 1                                | 1                                  |   |                         | 1                         |  |                      |                  | 1                       |                                   | 1  | \$                                     | -                           |                             | 1                              |   |               |  |                  |
|                                     |                                       |   |  |   | 1                                | 1                                  |   |                         | 1                         |  |                      |                  | 1                       |                                   | 1  | \$                                     | -                           |                             | 1                              |   |               |  |                  |
|                                     |                                       |   |  |   | 1                                | 1                                  |   |                         | 1                         |  |                      |                  | 1                       |                                   | 1  | \$                                     | -                           |                             | 1                              |   |               |  |                  |
|                                     |                                       |   |  |   | 1                                | 1                                  |   |                         | 1                         |  |                      |                  | 1                       |                                   | 1  | \$                                     | -                           |                             | 1                              |   |               |  |                  |
|                                     |                                       |   |  |   | 1                                | 1                                  |   |                         | 1                         |  |                      |                  | 1                       |                                   | 1  | \$                                     | -                           |                             | 1                              |   |               |  |                  |
|                                     |                                       |   |  |   | 1                                | 1                                  |   |                         | 1                         |  |                      |                  | 1                       |                                   | 1  | s                                      | -                           |                             | 1                              |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      |                  |                         |                                   |  | \$                                     |                             |                             |                                |   |               |  |                  |
|                                     |                                       |   |  |   | 1                                | 1                                  |   |                         | 1                         |  |                      |                  | 1                       |                                   | 1  | s                                      | -                           |                             | 1                              |   |               |  |                  |
|                                     |                                       |   |  |   |                                  |                                    |   |                         |                           |  |                      | Tota             | \$ .                    | s -                               | s .  | \$ .                                   |                             |                             |                                |   |               |  |                  |