Attachment III-Grants (Federal & Private)																			
tachment III- Grants (Federal & Pr	rivate)		1										1						
ency Name: Deputy Mayor for Op	perations and Infrast	tructure																	
Official Grant Name	Grant Type (Federal or Private)	Grantor/Agency Name (Federal or Private)	Catalog of Federal Domestic Assistance Number (CFDA)	Official Aw Grant Period of Performance (Anticipati (i.e. 01/01/2019 - 12/31/2021) not yet av Not applicable	Official Award Amount and Date (Please list anticipated o d date if previous year's amount i silable) not yet available)	r f New vs Carryover vs N Ongoing Grant Award	Grant Allowable w Expenses: PS, NPS, or Both	Anticipated Grant Use: PS, NPS, or Both N	Match Amount	MOE Requirement (Y/N)	SOAR Grant Number	SOAR Grant Phase	FY22 Proposed Budget	FY22 Anticipated Revised Budget	FY22 # I Proposed FTEs	FY22 # Anticipated D Revised FTEs	C Agency Program Mange Name	r DC Agency Program Manager Position Title	Grant Purpose
	1 1			Not applicable		1 1	1												
	1																		
																		1	
																		1	
																		1	
															-				
															-				
																-		1	
						1 1						Total	\$0	\$0					

Attachmer	nt III-Federal Payments	5			
Agency Na	ame: Deputy Mayor for	Operations and Infras	structure		
	FY 2021 Payment	FY 2022 Payment	Change	New/On-going	Purpose
			0		Not applicable
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
			0		
	\$0	\$0	\$0		

Attachment III- Grants Laose (FY20)									1	1											
Agency Name:																					
igen j inne																					
	Grant Type (Federal or	Grantor/Agency Name (Federal or Private)	Catalog of Federal Domestic Assistance	Grant Period of Performance La. 01/01/2018 - 12/21/2019/	Original, Official	Original, Official	Expenditures Prior to FY19 (including	New vs	Carryover vs New	Grant Allowable Expenses: PS,	SOAR Grant		FY20 Approved	FY20 Revised	FY29 Year-end Cash, Accrued, and	FY20 Unexpended Grant Award	FY20.0	FY20 # Year-end	DC Agency Program Manger Name	DC Agency Program	
Official Grant Name	Private)	(Federal or Private)	Number (CFDA)	fl.e. 01/01/2018 - 12/31/2019)	Award Date	Award Amount	IDCR)	Oncoine Grant	Award	NPS, or Both	Number	SOAR Grant Phase	Budget	Budget (Year-end)	ID Expenditures	Amount	Approved FTEs	FTEs	Name	Manager Position Title	Grant Purpose
																					Not Applicable
																s -					
																s -					
																••					
									1	1						s -					
									1	1						s -					
									1	1						\$.					
																5 -					
																\$.					
																••					
																\$.					
																••					
																5 -					
																••					
																5 -					
																\$.					
																5 -					
																\$.					
																5 -					
																\$.					
																s -					
																\$.					
																s -					
																\$.					
									1	1						\$.					
																\$.					
									1	1						\$.					
																s -					
																\$.					
																s -					
																\$.					
																\$					
																s .					