**Attachment III- Grants (Federal & Private)**

**Agency Name:**

| Official Grant Name | Grant # | Grant Phase | 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) | One-time vs Recurring Grant | Carryover vs New Award | Grant Allowable Expenses: PS, NPS, or Both | FY23 Match Amount | MOE Requirement (Y/N) | FY23 Proposed Budget | FY23 Anticipated Revised Budget | FY23 # Proposed FTEs | FY23 # Anticipated Revised FTEs | DC Agency Program Manager Name | DC Agency Program Manager Position Title | Grant Purpose |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Not Applicable | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | $0 | $0 | - | - | | | |