

Attachment III- Grants (Federal & Private)																				
Agency Name: Deputy Mayor for Health and Human Services																				
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
N/A																				
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<b>Attachment III-Federal Payments</b>								
<b>Agency Name:</b>	<b>Deputy Mayor for Health and Human Services</b>							
	<b>Agency Fund #</b>	<b>Agency Fund Title</b>	<b>Purpose</b>	<b>FY 2022 Payment</b>	<b>FY 2023 Payment</b>	<b>Change</b>	<b>New/On-going</b>	<b>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 grant or payment.)</b>
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