Attachment III- Grants (Federal & Private)																					
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Agency Name: Deputy Mayor for He	ealth and Human	Services																			
						Grant Period of Performance (i.e. 01/01/2019 - 12/31/2021)	Official Award	Official Award Amount													
			Grant Type		Catalog of Federal Domestic Assistance Number (CFDA)	Grant Period of	Date (Anticipated	(Please list anticipated or	One-time vs		Grant Allowable										
			(Federal or	Grantor/Agency Name	Domestic Assistance	Performance (i.e. 01/01/2019	date if not yet	previous year's amount if	Recurring	Carryover vs New	Expenses: PS, NPS,		MOE Requirement	FY23 Proposed	FY23 Anticipated	FY23 #	FY23 # Anticipated	DC Agency Program	DC Agency Program		
Official Grant Name	Grant #	Grant Phase	Private)	Grantor/Agency Name (Federal or Private)	Number (CFDA)	- 12/31/2021)	available)	not yet available)	Grant	Award	or Both	FY23 Match Amoun	(Y/N)	Budget	Revised Budget	Proposed FTEs	Revised FTEs	Manager Name	DC Agency Program Manager Position Title	G	rant Purpose
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Attachmer	nt III-Federal Payı	mente						
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Agency Na	illie. Deputy May	or for nearth and nu	IIIIaii Seivices					
	Agency Fund #	Agency Fund Title	Purpose	FY 2022 Payment	FY 2023 Payment	Change	New/On-going	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.)
	N/A	Agency I and Title	i dipose	1 1 2022 I dyment	1 1 2023 1 dyllicit	0	New/On-going	grant or payment.)
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Attachment III- Grants Lapse (FY2:	1)													
Agency Name: Deputy Mayor for H	lealth and Human S	ervices												
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 / Obligation Period (i.e. 01/01/2019 - 12/31/2020)	Liquidation Date	SOAR Grant Number(s)	SOAR Grant Phase(s)	Total Award Amount	Amount Left in Federal Account (Amount Lapsed)	DC Agency Program Manger Name	DC Agency Program Manager Position Title	Grant Purpose	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.)	Additional Notes
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