Attachment III- Grants (Federal & Pri	vate)				1			1	1 —					1		1	1				
Agency Name: PO0 - Office of Contra															 						
Agency name. FOU - Office of Contra	sumy and Procu	urement														_	+	+			
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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	Gran Carryover vs New Expen	nt Allowable nses: PS, NPS, or Both FY	Y23 Match Amount	MOE Requirement (Y/N)	FY23 Proposed Budget	FY23 Anticipated FY23 Revised Budget Proposed	FY23 # Anticipated	d DC Agency Program Manager 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 legislation that funded the grant or payment.)	Additional Notes
Not Applicable. No Funding in FY 2023																					
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PGO - PY23 Attachment III - Grants Federal Payments Lapsa.dex

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Attachmer	nt III-Federal Pay	ments						
Agency Na	me: PO0 - Office	of Contracting and	Procurement					
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	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.)
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Attachment III- Grants Lapse (FY21)	1)			-										
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Agency Name: P00 - Office of Contracting and Procurement														
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)	SOAP 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
Official Grant Name	Private)	(Federal of Private)	Number (CPDA)	12/31/2020)	Liquidation Date	SOAR Grant Number(s)	SOAR Grant Phase(s)	Total Award Amount	Account (Amount Lapsed)	manger name	Manager Position Title	Grant Purpose	that funded the grant or payment.)	Additional Notes
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