Attachment II- Grants (Federal & F	Private)																				
Agency Name:																					
Agency Hame.																					
								Official Award Amount												Federal COVID Response	
			Grant Type			Grant Period of	Official Award Date	(Please list anticipated or	One-time vs	Grant Allowa	le					FY24 #				(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	
	SOAR Grant # /		(Federal or	Grantor/Agency Name (Federal	Federal Listing of	Performance (e.g.	(Anticipated date if not	previous year's amount if	Recurring	Carryover vs New Expenses: PS,	IPS, FY24 Match	MOE Requirement	FY24 Proposed	FY24 Anticipated	FY24 #	Anticipated	DC Agency Program	DC Agency Program		Federal COVID response and the Federal COVID response legislation	
Official Grant Name DAH/DHCF Medicaid Hearings	Grant Phase	DIFS Award #	Private)	or Private)	Assistance (i.e., CFDA)	01/01/2019 - 12/31/2021)	vet available)	not vet available)	Grant	Award or Both	Amount	CY/N)	Budget	Revised Budget	Proposed FTEs	Revised FTEs	Manager Name	DC Agency Program Manager Position Title	Grant Purpose Adjudication of medicaid and TAN related cases	that funded the grant or payment.)	Additional Notes
AH/DHCF Medicaid Hearings	SOAR Grant # / Grant Phase MEDICD/24	N/A	Federal	Grantor/Agency Name (Federal or Private) Dept. of Health & Human Service	93.778	3 10/01/2023 - 09/30/2024	10/01/2023 - 09/30/2024	300,000.00	Ongoing	Carryover vs New Expenses: PS, Award or Both	N/A	No	300,000.00	300,000.00			Angela Harvey		Adjudication of medicaid and TAN related cases	No	
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