Attachment III- Grants (Federal & Private)

Agency Name: DC Health Benefit Exchange Authority

Official Grant Name	SOAR Grant # / Grant Phase	DIFS Award #	Grant Type (Federal or Private)	Grantor/Agency Name (Federal or Private)	Federal Listing of Assistance (i.e., CFDA)	Grant Period of Performance (e.g. 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	FY24 Match Amount	MOE Requirement (Y/N)	FY24 Proposed Budget	FY24 Anticipated Revised Budget	FY24 # Proposed FTEs	FY24 # Anticipated Revised FTEs	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 and the Federal COVID response legislation that funded the grant or payment.)	Additional Notes
N/A																						
														$0	$0	-	-					

Attachment III-Federal Payments

Agency Name: DC Health Benefit Exchange Authority

	SOAR Fund Detail	SOAR Fund Detail Title	DIFS Fund	DIFS Fund Description	Purpose	FY 2023 Payment	FY 2024 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.)
								0		
N/A								0		
								0		
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								0		
								0		
						$0	**$0**	**$0**		

Attachment III- Grants Lapse (FY22)

Agency Name: DC Health Benefit Exchnage Authority

Official Grant Name	Grant Type (Federal or Private)	Grantor/Agency Name (Federal or Private)	Federal Listing of Assistance (i.e., CFDA)	Grant Period of Performance / Obligation Period (e.g. 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
N/A														