ttachment III- Grants (Federal & Priv	vate)																					
gency Name: Captive Insurance Age	gency (RJ0)																					
							Official Award	Official Award Amount													Federal COVID Response	
			Grant Type			Grant Period of	Date (Anticipated	(Please list anticipated or	One-time vs		Grant Allowable										(Yes/No - If Yes indicate the amount of the grant that is the result of the	
	SOAR Grant # / Grant Phase		(Federal or	Grantor/Agency Name	Federal Listing of	Performance (e.g.	date if not yet	previous year's amount if	Recurring	Carryover vs New E	Expenses: PS, NPS,		MOE Requirement	FY24 Proposed	FY24 Anticipated	FY24 #	FY24 # Anticipated	DC Agency Program	DC Agency Program		Federal COVID response and the Federal COVID response legislation	
Official Grant Name	Grant Phase	DIFS Award #	Private)	(Federal or Private)	Assistance (i.e., CFDA)	Performance (e.g. 01/01/2019 - 12/31/2021)	available)	Official Award Amount (Please list anticipated or previous year's amount if not yet available)	Grant	Award	or Both	FY24 Match Amount	(Y/N)	Budget	Revised Budget	Proposed FTEs	Revised FTEs	DC Agency Program Manager Name	DC Agency Program Manager Position Title	Grant Purpose	(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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Attachme	nt III-Federal Payments	5							
Agency N	ame: Captive Insurance	ce Agency (RJ0)							
	SOAR Fund Detail	SOAR Fund Detail Title	DIFS Fund	DIFS Fund Description	Purpose	FY 2023 Payment	FY 2024 Payment	Change	New/On-going
	Not Applicable				•	-		0	
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ttachment III- Grants Lapse (FY22)														
ency Name: Captive Insurance Ag	ency (R.I0)													
ency name. Captive insurance Ag	ency (100)													
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
Applicable														