Attachment III- Grants (Federal &	Private)																						
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							Official Assessed	Official Assessed Assessed													Federal COVII	P	
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			Grant Type			Grant Period of	Date (Anticipated	(Please list anticipated or	One-time vs		Grant Allowable	<u>'</u> _									(Yes/No - If Yes indicate the amount	f the grant that is the result of the	,
	SOAR Grant # /		(Federal or	Grantor/Agency Name	Federal Listing of	Performance (e.g.	date if not yet	previous year's amount if	Recurring	Carryover vs Nev	v Expenses: PS, NP	S,	MOE Requirement	FY24 Proposed	FY24 Anticipated	d FY24#	FY24 # Anticipated	DC Agency Program	DC Agency Program		Federal COVID response and the Fe	leral COVID response legislation	,
Official Grant Name	Grant Phase	DIFS Award #	Grant Type (Federal or Private)	(Federal or Private)	Assistance (i.e., CFDA)	Grant Period of 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 Purpos	(Yes/No - If Yes indicate the amount of Federal COVID response and the Fe that funded the gra	nt or payment.)	Additional Notes
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