Attachment III- Grants (Fe	adaral & Privata)																				
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Agency Name:	Office of Inspector General																				-
		Grant Type	Grantor/Agency	Federal Listing of Assistance	Grant Period of	Date (Anticipated	Official Award Amount (Please list anticipated or previous year's	One-time vs	New vs	Grant Allowable		MOE			FY25 #	FY25 #	DC Agency			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	
Official Grant Name	DIFS Award #	(Federal or Private)	Name (Federal or Private)	(formerly known as CFDA #)	Performance (e.g. 01/01/2019 - 12/31/2021)	date if not yet available)	amount if not yet available)	Recurring Grant	Carryover Award	Expenses: PS, NPS, or Both	FY25 Match Amount	Requirement (Y/N)	FY25 Proposed Budget	FY25 Anticipated Revised Budget	Proposed FTEs	Anticipated Revised FTEs	Program Manager Name	DC Agency Program Manager Position Title	Grant Purpose	response legislation that funded the grant.)	t Additiona Notes
State Medicaid Fraud Control Unit	DC0310/24	2000008	Federal	93.775	10/1/2024 - 09/30/2025	10/1/2024	\$2,912,560	New	New	Both	\$935,476	No	\$ 2,912,560	\$ 2,912,560	17.25	17.25	LaVan Griffith	Director of Medicaid Fraud Control Unit	To investigate and prosecute Medicaid Fraud as well as patient abuse and neglect in healthcare facilities.	No	
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Attachment III-Federal Payments									
Agency Name:	Office of Inpsector General								
	DIFS Fund	DIFS Fund Description	Purpose	FY 2024 Payment	FY 2025 Payment	Change	New/On-going	Federal COVID Response (Yes/No - If Yes indicate the amount of the payment that is the result of the Federal COVID response and the Federal COVID response legislation that funded the payment.)	
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ttachment III- Grants Lapse (FY2	23)												
gency Name:	Office of Inspector General												
Official Grant Name	Grant Type (Federal or Private)	Grantor/Agency Name (Federal or Private)	Federal Listing of Assistance (formerly known as CFDA #)	Grant Period of Performance / Obligation Period (e.g. 01/01/2019 - 12/31/2020)	Liquidation/Federal Drawdown Deadline	DIFS Award #(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.)	Additional Notes
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