Attachment III- Grants (Federal & Pr	rivate)																			
Agency Name: Office of the City Administrator (AE0)																				
							Official Award	Official Award Amount d (Please list anticipated or previous year's amount if not yet available)												
			Grant Type			Grant Period of	Date (Anticipate	d (Please list anticipated or	One-time vs		Grant Allowable									
	SOAR Grant #/		(Federal or	Grantor/Agency Name	Federal Listing of	Performance (e.g. 01/01/2019 - 12/31/2021)	date if not yet	previous year's amount if	Recurring	Carryover vs New	Expenses: PS, NPS,		MOE Requirement	FY24 Proposed	FY24 Anticipated	FY24 #	FY24 # Anticipated	DC Agency Program Manager Name	DC Agency Program	
Official Grant Name	Grant Phase	DIFS Award #	Private)	(Federal or Private)	Assistance (i.e., CFDA)	01/01/2019 - 12/31/2021)	available)	not yet available)	Grant	Award	or Both	FY24 Match Amount	(Y/N)	Budget	Revised Budget	Proposed FTEs	Revised FTEs	Manager Name	Manager Position Title	Grant Purpose
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IN/A																				
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