Agency Name: Department of Aging and Community Living (BY0)

Official Grant Name	Grant #	DIFS Award #	Grant Type (Federal or Private)	Grantor/Agency Name (Federal or Private)	Federal Listing of Assistance (formerly known as 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	New vs Carryover Award	Grant Allowable Expenses: PS, NPS, or Both	FY25 Match Amount	MOE Requirement (Y/N)	FY25 Proposed Budget	FY25 Anticipated Revised Budget	FY25 # Proposed FTEs	FY25 # 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.)	Additional Notes
Support Services	3B1320/24	2001934	Federal	ACL	93.044	10/1/2024-09/30/2026		$ 2,035,182.00	ongoing	New	Both	$ 372,200.01	Yes	$ 2,035,182.00	$ 2,035,182.00	5.00		Eric Manuel	Programs Manager	Adm. Support and Senior Services Programs	No	
Congregate Meals	3C1712/24	2001935	Federal	ACL	93.045	10/1/2024-09/30/2026		$ 2,651,250.00	ongoing	New	NPS	$ 379,847.90	Yes	$ 2,651,250.00	$ 2,651,250.00	NA		Eric Manuel	Programs Manager	Nutrition Services (Seniors 60 and over) - Congregate Meals	No	
Home Delivered Meals	3C1713/24	2001936	Federal	ACL	93.045	10/1/2024-09/30/2026		$ 1,802,519.00	ongoing	New	NPS	$ 214,863.60	Yes	$ 1,802,519.00	$ 1,802,519.00	NA		Eric Manuel	Programs Manager	Nutrition Services (Seniors 60 and over) - Home Delivered Meals	No	
Caregivers	3E1719/24	2001937	Federal	ACL	93.052	10/1/2024-09/30/2026		$ 977,210.00	ongoing	New	NPS	$ 240,131.30	Yes	$ 977,210.00	$ 977,210.00	NA		Eric Manuel	Programs Manager	Caregiver Services	No	
Preventive Health	3F1717/24	2001939	Federal	ACL	93.043	10/1/2024-09/30/2026		$ 130,555.00	ongoing	New	NPS	NA	No	$ 130,555.00	$ 130,555.00	NA		Eric Manuel	Programs Manager	Evidence based Senior Health Programs	No	
Ombudsman Activity	7A1715/24	2001938	Federal	ACL	93.042	10/1/2024-09/30/2026		$ 108,948.00	ongoing	New	NPS	NA	No	$ 108,948.00	$ 108,948.00	NA		Eric Manuel	Programs Manager	Ombudsman Senior Programs	No	
Elder Abuse Prevention	7B1716/24	2001940	Federal	ACL	93.041	10/1/2024-09/30/2026		$ 23,579.00	ongoing	New	NPS	NA	No	$ 23,579.00	$ 23,579.00	NA		Eric Manuel	Programs Manager	Advocacy/Elderly Rights/Elderly abuse Protection Programs	No	
Nutrition Incentive Program	NSIP01/24	2001696	Federal	ACL	93.053	10/1/2024-09/30/2026		$ 855,168.00	ongoing	New	NPS	NA	No	$ 855,168.00	$ 855,168.00	NA		Eric Manuel	Programs Manager	Senior Nutrition Incentive Programs	No	
Medicaid	71MMAD /24	2001713	Federal	ACL	N/A	10/1/2024-09/30/2026		$ 3,311,630.00	Ongoing	New	NPS	NA	No	$ 3,311,630.00	$ 3,311,630.00	NA		Eric Manuel	Programs Manager	Assistance and Referal 7ervices Medicaid	No	
Support Services	3B1320/23	2000066	Federal	ACL	93.044	10/1/2023-09/30/2025		$ 1,981,334.00	ongoing	Carryover	Both	$ 379,425.00	Yes	$ 876,676.68	$ 876,676.68	5.00		Eric Manuel	Programs Manager	Adm. Support and Senior Services Programs	No	
Congregate Meals	3C1712/23	2000067	Federal	ACL	93.045	10/1/2023-09/30/2025		$ 2,531,086.00	ongoing	Carryover	NPS	$ 395,923.90	Yes	$ 400,000.00	$ 400,000.00	NA		Eric Manuel	Programs Manager	Nutrition Services (Seniors 60 and over) - Congregate Meals	No	
Home Delivered Meals	3C1713/23	2000068	Federal	ACL	93.045	10/1/2023-09/30/2025		$ 1,432,424.00	ongoing	Carryover	NPS	$ 269,288.70	Yes	$ 250,000.00	$ 250,000.00	NA		Eric Manuel	Programs Manager	Nutrition Services (Seniors 60 and over) - Home Delivered Meals	No	
Caregivers	3E1719/23	2000069	Federal	ACL	93.052	10/1/2023-09/30/2025		$ 960,525.00	ongoing	Carryover	NPS	$ 242,468.80	Yes	$ 277,575.85	$ 277,575.85	NA		Eric Manuel	Programs Manager	Caregiver Services	No	
Preventive Health	3F1717/23	2000070	Federal	ACL	93.043	10/1/2023-09/30/2025		$ 123,444.00	ongoing	Carryover	NPS	NA	No	$ 73,689.92	$ 73,689.92	NA		Eric Manuel	Programs Manager	Evidence based Senior Health Programs	No	
Ombudsman Activity	7A1715/23	2000071	Federal	ACL	93.042	10/1/2023-09/30/2025		$ 99,288.00	ongoing	Carryover	NPS	NA	No	$ 23,660.00	$ 23,660.00	NA		Eric Manuel	Programs Manager	Ombudsman Senior Programs	No	
Nutrition Incentive Program	NSIP01/24	2001696	Federal	ACL	93.053	10/1/2023-09/30/2025		$ 857,316.00	Ongoing	Carryover	NPS	N/A	No	$ 88,000.00	$ 88,000.00	N/A		Eric Manuel	Programs Manager		No	
State Health Insurance Program	SHIP01/25	2001944	Federal	ACL	93.324	04/1/2024-03/31/2025		$ 90,000.00	Ongoing	New	Both	N/A	No	$ 88,645.37	$ 88,645.37	2.00		Eric Manuel	Programs Manager		No	
State Health Insurance Program	SHIP01/24	2001754	Federal	ACL	93.324	04/1/2024-03/31/2026		$ 186,947.00	Ongoing	Carryover	Both	N/A	No	$ 112,481.44	$ 112,481.44	2.00		Eric Manuel	Programs Manager		No	
								$ 21,228,838.00				$ 2,494,148.81		$ 14,483,623.44	$ 14,596,104.88	112495.4	0.0					

Attachment III-Federal Payments								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.)	
Agency Name:	**Department of Aging and Community Living (BY0)**								
	DIFS Fund	**DIFS Fund Description**	**Purpose**	**FY 2024 Payment**	**FY 2025 Payment**	**Change**	**New/On-going**		
	N/A					$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
				$ -	$ -	$ -			

Attachment III- Grants Lapse (FY23)													
Agency Name:	Department of Aging and Community Living (BY0)												
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**
N/A													
						$ -	$ -					