| Attachment III- Grants (Federal & P | Private)                   |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   | 1   | <u>'</u>      |
|-------------------------------------|----------------------------|---------------------------------------|---|--|--|--|--|-----------------------------------|---------------------------|--|----------------------|--------------------------|-------------------------|------------------------------------|------------------------|---------------------------------------|-----------------------------------|---|---------------|
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   | <u> </u>      |
| Agency Name:                        | Office of Advisory Neighbo | orhood Commission                     | s (DX0)                                     |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    | 1                      |                                       |                                   |   | <u>'</u>      |
| Official Grant Name                 | DIFS Award#                | Grant Type<br>(Federal or<br>Private) | Grantor/Agency Name<br>(Federal or Private) | Federal Listing of<br>Assistance (formerly<br>known as CFDA #) | Grant Period of<br>Performance (e.g.<br>01/01/2019 - 12/31/2021) | Official Award<br>Date (Anticipated<br>date if not yet<br>available) | Official Award Amount<br>(Please list anticipated<br>or previous year's<br>amount if not yet<br>available) | One-time vs<br>Recurring<br>Grant | New vs<br>Carryover Award | Grant Allowable<br>Expenses: PS, NPS,<br>or Both | FY25 Match<br>Amount | MOE Requirement<br>(Y/N) | FY25 Proposed<br>Budget | FY25 Anticipated<br>Revised Budget | FY25#<br>Proposed FTEs | FY25 #<br>Anticipated<br>Revised FTEs | DC Agency Program<br>Manager Name | DC Agency Program<br>Manager Position Title | Grant Purpose |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
| NONE                                |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
| NONE                                |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  |  |                                   |                           |  |                      |                          |                         |                                    |                        |                                       |                                   |   |               |
|                                     |                            |                                       |   |  |  |  | s -  |                                   |                           |  | s -                  |                          | s -                     | s -                                | 0.0                    | 0.0                                   |                                   |   |               |
|                                     |                            |                                       |   |  | 1  |  | -  |                                   |                           |  | -                    |                          | <u> </u>                | · ·                                | 0.0                    | 0.0                                   |                                   | 1   |               |

DX0\_FY25\_Attachment III - Grants, Federal Payments, & Lapses.xlsx

| Attachment III-Federal Payments |                       |                            |         |                 |                 |        |              |  |  |
|---------------------------------|-----------------------|----------------------------|---------|-----------------|-----------------|--------|--------------|--|--|
| -                               |                       |                            |         |                 |                 |        |              |  |  |
| Agency Name:                    | Office of Advisory Ne | ighborhood Commissions (D) | K0)     |                 |                 |        |              |  |  |
|                                 | 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.) |  |
|                                 |                       |                            | •       | -               | ·               | \$ -   |              |  |  |
|                                 |                       |                            |         |                 |                 | \$ -   |              |  |  |
|                                 |                       | NONE                       |         |                 |                 | \$ -   |              |  |  |
|                                 |                       |                            |         |                 |                 | \$ -   |              |  |  |
|                                 |                       |                            |         |                 |                 | \$ -   |              |  |  |
|                                 |                       |                            |         |                 |                 | \$ -   |              |  |  |
|                                 |                       |                            |         |                 |                 | \$ -   |              |  |  |
|                                 |                       |                            |         |                 |                 | \$ -   |              |  |  |
|                                 |                       |                            |         |                 |                 | \$ -   |              |  |  |
|                                 |                       |                            |         |                 |                 | \$ -   |              |  |  |
|                                 |                       |                            |         |                 |                 | \$ -   |              |  |  |
|                                 |                       |                            |         |                 |                 | \$ -   |              |  |  |
|                                 |                       |                            |         |                 |                 | \$ -   |              |  |  |
|                                 |                       |                            |         |                 |                 | \$ -   |              |  |  |
|                                 |                       |                            |         |                 |                 | \$ -   |              |  |  |
|                                 |                       |                            |         | \$ -            | \$ -            | \$ -   |              |  |  |

| Attachment III- Grants Lapse (FY2  | 23)                                |   |  |   |  |                 |                    |   |                                  |   |               |
|------------------------------------|------------------------------------|---|--|---|--|-----------------|--------------------|---|----------------------------------|---|---------------|
| Attacimient in- Grants Lapse (i 12 | T                                  |   |  |   |  |                 |                    |   |                                  |   |               |
| Agency Name:                       | Office of Advisory Neighb          | borhood Commissions (DX0)                   |  |   |  |                 |                    |   |                                  |   |               |
| Agency Name.                       | Office of Advisory Neight          | Dornood Commissions (DA0)                   |  |   |  |                 |                    |   |                                  |   |               |
| Official Grant Name                | Grant Type (Federal or<br>Private) | Grantor/Agency Name<br>(Federal or Private) | Federal Listing of<br>Assistance (formerly<br>known as CFDA #) | Grant Period of<br>Performance / Obligation<br>Period (e.g. 01/01/2019 -<br>12/31/2020) | Liquidation/Federal<br>Drawdown Deadline | DIFS Award #(s) | Total Award Amount | Amount Left in Federal<br>Account (Amount Lapsed) | DC Agency Program<br>Manger Name | DC Agency Program<br>Manager Position Title | Grant Purpose |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
| NONE                               |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 |                    |   |                                  |   |               |
|                                    |                                    |   |  |   |  |                 | \$ -               | \$ -  |                                  |   |               |

DX0\_FY25\_Attachment III - Grants, Federal Payments, & Lapses.xlsx