

Attachment III- Grants (Federal & Private)

Agency Name:	Mayor's Office of Deaf, Deafblind, and Hard of Hearing																		
Official Grant Name	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
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
							\$ -				\$ -		\$ -	\$ -	0.0	0.0			