

| Attachment III- Grants (Federal & Private)                  |              |                                 |  |  |  |   |  |                             |                        |  |                   |                       |                      |                                 |                      |                                 |                                |  |               |  |
|---|--------------|---------------------------------|--|--|--|---|--|-----------------------------|------------------------|--|-------------------|-----------------------|----------------------|---------------------------------|----------------------|---------------------------------|--------------------------------|--|---------------|--|
| Agency Name: Alcoholic Beverage and Cannabis Administration |              |                                 |  |  |  |   |  |                             |                        |  |                   |                       |                      |                                 |                      |                                 |                                |  |               |  |
| 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 |  |
| None Applicable   |              |                                 |  |  |  |   |  |                             |                        |  |                   |                       |                      |                                 |                      |                                 |                                |  |               |  |
|   |              |                                 |  |  |  |   |  |                             |                        |  |                   |                       |                      |                                 |                      |                                 |                                |  |               |  |
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|   |              |                                 |  |  |  |   |  |                             |                        |  |                   |                       |                      |                                 |                      |                                 |                                |  |               |  |
|   |              |                                 |  |  |  |   |  |                             |                        |  |                   |                       |                      |                                 |                      |                                 |                                |  |               |  |
|   |              |                                 |  |  |  |   | \$ -   |                             |                        |  | \$ -              |                       | \$ -                 | \$ -                            | 0.0                  | 0.0                             |                                |  |               |  |

| Attachment III-Federal Payments                             |                 |                       |         |                 |                 |        |              |   |
|---|-----------------|-----------------------|---------|-----------------|-----------------|--------|--------------|---|
| Agency Name: Alcoholic Beverage and Cannabis Administration |                 |                       |         |                 |                 |        |              |   |
|   | DIFS Fund       | DIFS Fund Description | Purpose | FY 2024 Payment | FY 2025 Payment | Change | New/On-going | Federal COVID Response<br>(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 Applicable |                       |         |                 |                 | \$ -   |              |   |
|   |                 |                       |         |                 |                 | \$ -   |              |   |
|   |                 |                       |         |                 |                 | \$ -   |              |   |
|   |                 |                       |         |                 |                 | \$ -   |              |   |
|   |                 |                       |         |                 |                 | \$ -   |              |   |
|   |                 |                       |         |                 |                 | \$ -   |              |   |
|   |                 |                       |         |                 |                 | \$ -   |              |   |
|   |                 |                       |         |                 |                 | \$ -   |              |   |
|   |                 |                       |         |                 |                 | \$ -   |              |   |
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|   |                 |                       |         |                 |                 | \$ -   |              |   |
|   |                 |                       |         |                 |                 | \$ -   |              |   |
|   |                 |                       |         |                 |                 | \$ -   |              |   |
|   |                 |                       |         |                 |                 | \$ -   |              |   |
|   |                 |                       |         | \$ -            | \$ -            | \$ -   |              |   |

| Attachment III- Grants Lapse (FY23)                         |                                 |  |  |  |                                       |                 |                    |  |                                |  |               |
|---|---------------------------------|--|--|--|---------------------------------------|-----------------|--------------------|--|--------------------------------|--|---------------|
| Agency Name: Alcoholic Beverage and Cannabis Administration |                                 |  |  |  |                                       |                 |                    |  |                                |  |               |
| 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 Manager Name | DC Agency Program Manager Position Title | Grant Purpose |
| None Applicable   |                                 |  |  |  |                                       |                 |                    |  |                                |  |               |
|   |                                 |  |  |  |                                       |                 |                    |  |                                |  |               |
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|   |                                 |  |  |  |                                       |                 |                    |  |                                |  |               |
|   |                                 |  |  |  |                                       |                 | \$ -               | \$ -   |                                |  |               |