Attachment III- Grants (Federal & Private)																				
Agency Name:	Office of the Ombudsperson for Children																			
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**	**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																				
						$ -				$ -		$ -	$ -	0.0	0.0					