

Attachment III- Grants (Federal & Private)

Agency Name:		Office of Cable Television, Film, Music & Entertainment																			
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
NONE																					
							\$ -				\$ -		\$ -	\$ -	0.0	0.0					

Attachment III-Federal Payments								
Agency Name:		Office of Cable Television, Film, Music & Entertainment						
								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.)
	DIFS Fund	DIFS Fund Description	Purpose	FY 2024 Payment	FY 2025 Payment	Change	New/On-going	
NONE						\$ -		
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Attachment III- Grants Lapse (FY23)													
Agency Name:		Office of Cable Television, Film, Music & Entertainment											
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
NONE													
								\$ -					