Attachment VI-Facilities Maintenance									
Agency Name:	Office of LGBTQ Affairs (AQ0)								
	FY26 Amount	**Owning Agency**	**Physical Site Address**	**Physical Site Name**	**DIFS Fund**	**DIFS Program**	**DIFS Cost Center**	**DIFS Account**	**DIFS Project # (as applicable)**
	N/A								
	$0								