Attachment III- Grants	Federal & Private	1																			
		'																			
Agency Name:	Office of Police Co	ompliant																			
Agency Name.	Office of Police Co	unpilant																			-
																					-
	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	FY26 Match Amount	MOE Requirement (Y/N)	FY26 Proposed Budget	FY26 Anticipated Revised Budget	FY26# Proposed FTEs	Anticipated P	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 - NO GRANTS																					
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FH0_FY26_Attachment III - Grants, Federal Payments, & Lapses

Attachment III-Federal Paymer	nts							
Agency Name:	Office of Police Compliant							
	DIFS Fund	DIFS Fund Description	Purpose	FY 2025 Payment	FY 2026 Payment	Change	New/On-going	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.)
N/A - NO FEDERAL PAYMENTS						\$ -		
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Attachment III- Grants	Lanco (EV22)												
Augument III- Grants	Lapse (F123)												
Agency Name:	Office of Police Compliant												
Agency Name.	Office of Police Compilant												
Official Grant Name		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
N/A - NO GRANTS													
							\$ -	\$ -					

FH0_FY26_Attachment III - Grants, Federal Payments, & Lapses