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Attachment III-Federal Payments									
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Agency Name:	DC Health Benefit Exc	hange Authority							
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	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.)	
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tachment III- Grants Lapse (F)	Y23)												
ncy Name:	DC Health Benefit Exchan	e Authority											
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
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HIO_FY26_Attachment III