Attachment VI-Facilities Maintenance										
Agency Name:	DC Health Benefit Exchange	e Authority								
	FY26 Amount	Owning Agency	Physical Site Address	Physical Site Name	DIFS Fund	DIFS Program	DIFS Cost Center	DIFS Account	DIFS Project # (as applicable)	Description of Service
	N/A									
	\$0									

HIO\_FY26\_Attachment VI