Attachment II-Interagency Funding				
	(44 - 1 - 000 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Agency Name:	(Mayor's Office of Deaf, DeafBlind, and Hard of Hearing)			
	FY26 Amount	Charging Agency FTEs	Charging Agency (Seller)	DIFS Program
	NA			
	\$0	0.0		

DIFS Cost Center	DIFS Project #