Attachment III- Grants (Federal & Private)

Agency Name: BG0 - Employee Compensation Fund

Official Grant Name	DIFS Award #	Grant Type (Federal or Private)	Grantor/Agency Name (Federal or Private)	Federal Assistance Listing Number, or ALN (formerly known as CFDA #)	Grant Period of Performance (e.g. 01/01/2024 - 12/31/2025)	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	FY27 Match Amount	MOE Requirement (Y/N)	FY27 Proposed Budget	FY27 Anticipated Revised Budget	FY27 # Proposed FTEs	FY27 # Anticipated Revised FTEs	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
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
							$ -				$ -		$ -	$ -	0.0	0.0					

Attachment III-Federal Payments								
Agency Name:	BG0 - Employee Compensation Fund							
	DIFS Fund	**DIFS Fund Description**	**Purpose**	**FY 2026 Payment**	**FY 2027 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.)**
	NA	NA	NA	NA	NA	NA	NA	NA
						$ -		
						$ -		
						$ -		
						$ -		
						$ -		
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				$ -	$ -	$ -		

Attachment III- Grants Lapse (FY25)

Agency Name: BG0 - Employee Compensation Fund

Official Grant Name	Grant Type (Federal or Private)	Grantor/Agency Name (Federal or Private)	Federal Assistance Listing Number, or ALN (formerly known as CFDA #)	Grant Period of Performance / Obligation Period (e.g. 01/01/2024 - 12/31/2025)	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
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
							$ -	$ -					