Attachment III- Grants (Federal & Private)

Agency Name: Office of Emplpoyee Appeals

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
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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Attachment III-Federal Payments									
Agency Name:	Office of Emplpoyee Appeals								
	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.)	
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
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Attachment III- Grants Lapse (FY25)											
Agency Name:	Office of Emplpoyee Appeals										
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**
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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