Attachment III- Grants (Federal & Private)

Agency Name: Office of Administrative Hearings

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																			
							$ -				$ -		$ -	$ -	0.0	0.0			

Attachment III-Federal Payments									
Agency Name:	Office of Administrative Hearings								
	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.)**	
	4025	Federal Medicaid Payments	Medicaid Benefits-Adjudication Services	$ 300,000.00	$ 300,000.00	$ -	On-going	No	
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
						$ -			
				$ 300,000	**$ 300,000**	**$ -**			

Attachment III- Grants Lapse (FY25)

Agency Name: Office of Administrative Hearings

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											
							$ -	$ -			