Attachment III- Grants Lapse (FY25)											
Agency Name:	DC Sentensin Commission										
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**
None											
							$ -	$ -			