

Attachment III- Grants (Federal & Private)																					
Agency Name:		DC Health Benefit Exchange Authority																			
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
N/A																					
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