Attachment III- Grants (Federal & F	rivate)																			
Agency Name: Office for the Deaf,	DeafBlind, and Ha	ard of Hearing (JS0	)																	
												I			I					
								Official Award Amount												
			Grant Type		Catalog of Federal	Grant Period of Performance (i.e. 01/01/2019 - 12/31/2021)	Official Award Date	(Please list anticipated or	One-time ve		Grant Allowable									
			(Federal or	Grantor/Agency Name	Domestic Assistance	Grant Period of Performance	(Anticipated date if	previous year's amount if	Recurring	Carryover vs New	Expenses: PS. NPS.		MOE Requirement	FY23 Proposed	FY23 Anticipated	FY23 #	FY23 # Anticipated	DC Agency Program	DC Agency Program	
Official Grant Name	Grant #	Grant Phase	Private)	Grantor/Agency Name (Federal or Private)	Number (CFDA)	(i.e. 01/01/2019 - 12/31/2021)	not vet available)	not vet available)	Grant	Award	or Both	FY23 Match Amount	(Y/N)	Budget	Revised Budget	Proposed FTEs	Revised FTEs	Manager Name	Manager Position Title	Grant Purpose
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Attachme	ent III-Federal Payr	ments					
Agency N	lamo:						
agency is							
	Agency Fund #	Aganay Fund Title	Durmaga	FY 2022 Payment	FY 2023 Payment	Change	New/On-going
	Agency Fund #	Agency Fund Title	Purpose	F1 2022 Payment	F1 2023 Payment	Change 0	New/On-going
						0	
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				\$0	\$0	\$0	

Attachment III- Grants Lapse (FY21	)											
Agency Name:												
Official Grant Name	Grant Type (Federal or Private)	Grantor/Agency Name (Federal or Private)	Catalog of Federal Domestic Assistance Number (CFDA)	Grant Period of Performance / Obligation Period (i.e. 01/01/2019 - 12/31/2020)	Liquidation Date	SOAR Grant Number(s)	SOAR Grant Phase(s)	Total Award Amount	Amount Left in Federal Account (Amount Lapsed)	DC Agency Program Manger Name	DC Agency Program Manager Position Title	Grant Purpose
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