

Attachment III- Grants (Federal & Private)																						
Agency Name: Medical Liability Captive Ins Agency (R-0)																						
Official Grant Name	Grant #	Grant Phase	Grant Type (Federal or Private)	Grantor/Agency Name (Federal or Private)	Catalog of Federal Domestic Assistance Number (CFDA)	Grant Period of Performance (i.e. 01/01/2019 - 12/31/2021)	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	Carryover vs New Award	Grant Allowable Expenses: PS, NPS, or Both	FY23 Match Amount	MOE Requirement (Y/N)	FY23 Proposed Budget	FY23 Anticipated Revised Budget	FY23 # Proposed FTEs	FY23 # 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 or payment.)	Additional Notes
Not Applicable																						

