Attachment III- Gran	nts (Federal & Priva	ite)																				
Agency Name: Med	dical Liability Captiv	ve Ins Agency	(RJ0)																			
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Official Gran	nt 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. 01/01/20 - 12/31/2021)	Date (Anticipated	Official Award Amount (Please list anticipated or previous year's amount if not yet available)	One-time vs Recurring Grant	Grant Allowable Expenses: PS, NPS, Award 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 Pureose	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 navment.)	Additional Notes
Not Applicable																						
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Attachme	nt III-Federal Payr	nents					
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Agency N	ame: Medical Lia	bility Captive Ins Ag	ency (RJ0)				
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	A	Anna Can I Title	D	EV 0000 December 1	EV 0000 Pariment	Change NaviOn asing	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
	Agency Fund #	Agency Fund Title	Purpose	FY 2022 Payment	FY 2023 Payment	Change New/On-going	grant or payment.)
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Attachment III- Grants Lapse (FY21	!1)													
Agency Name: Medical Liability Co	Captive Ins Agency ((RJ0)												
Official Grant Name	Grant Type (Federal or Private)	Grantor/Agency Name (Federal or Private)	Domestic Assistance	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	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														

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