

Sub Screen: Sub-Recipient 2

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	825229318	Verified
22	Identification Number		
23	Legal Name*	MCKINSEY & COMPANY, INC. WASHINGTON D.C.	
24	Address Line 1*	1200 19TH ST NW STE 1000	
25	Address Line 2		
26	Address Line 3		
27	City Name*	WASHINGTON	
28	State Code*	DC	
29	Zip+4*	20036-2427	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	98	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 3

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	831749648	
23	Legal Name*	Atlantic Staffing & Payroll Services	
24	Address Line 1*	5 Talbot Way	
25	Address Line 2		
26	Address Line 3		
27	City Name*	South Portland	
28	State Code*	ME	
29	Zip+4*	04106-6970	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 4

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	833646636		
23	Legal Name*	Ethos Marking & Design		
24	Address Line 1*	17 Ash St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Westbrook		
28	State Code*	ME		
29	Zip+4*	04092-3452		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 5

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	078805217	Verified
22	Identification Number		
23	Legal Name*	SAVILINX, LLC	
24	Address Line 1*	74 ORION ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BRUNSWICK	
28	State Code*	ME	
29	Zip+4*	04011-5031	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 6

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	832042571		
23	Legal Name*	MPX		
24	Address Line 1*	2301 Congress St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Portland		
28	State Code*	ME		
29	Zip+4*	04102-1907		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 6

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100262245	Verified
22	Identification Number		
23	Legal Name*	AIRLINE COMMUNITY SCHOOL	
24	Address Line 1*	26 GREAT POND RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	AURORA	
28	State Code*	ME	
29	Zip+4*	04408-7032	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 7

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	009412292		Verified
22	Identification Number			
23	Legal Name*	GEORGETOWN SCHOOL DEPARTMENT		
24	Address Line 1*	52 BAY POINT RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GEORGETOWN		
28	State Code*	ME		
29	Zip+4*	04548-3325		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 8

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	189344955		Verified
22	Identification Number			
23	Legal Name*	CASTINE SCHOOL DEPARTMENT		
24	Address Line 1*	27 SCHOOL ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CASTINE		
28	State Code*	ME		
29	Zip+4*	04421		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 9

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	618276252		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 07/MSAD 07		
24	Address Line 1*	93 PULPIT HARBOR RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	NORTH HAVEN		
28	State Code*	ME		
29	Zip+4*	04853-3100		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 10

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100265719		Verified
22	Identification Number			
23	Legal Name*	TOWN OF SOUTH BRISTOL		
24	Address Line 1*	767 MAIN ST 1A		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DAMARISCOTTA		
28	State Code*	ME		
29	Zip+4*	04543-4664		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 11

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	159145556	Verified
22	Identification Number		
23	Legal Name*	HARMONY SCHOOL DISTRICT	
24	Address Line 1*	18 MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HARMONY	
28	State Code*	ME	
29	Zip+4*	04942-7200	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 12

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100760438	Verified
22	Identification Number		
23	Legal Name*	SCHOOL UNION 93	
24	Address Line 1*	1527 COASTAL RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BROOKSVILLE	
28	State Code*	ME	
29	Zip+4*	04617-3404	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 13

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	620266841		Verified
22	Identification Number			
23	Legal Name*	SCHOOL UNION 76 AND ISLE AU HAUT		
24	Address Line 1*	41 SCHOOL ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BROOKLIN		
28	State Code*	ME		
29	Zip+4*	04616		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 14

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	792826302	Verified
22	Identification Number		
23	Legal Name*	MACHIASPORT SCHOOL DEPARTMENT	
24	Address Line 1*	492 PORT RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MACHIASPORT	
28	State Code*	ME	
29	Zip+4*	04655	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 15

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	193228889	Verified
22	Identification Number		
23	Legal Name*	SCHOOL UNION 102	
24	Address Line 1*	291 COURT ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MACHIAS	
28	State Code*	ME	
29	Zip+4*	04654-3304	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 16

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	837681287		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL OF SCIENCE & MATH		
24	Address Line 1*	95 HIGH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LIMESTONE		
28	State Code*	ME		
29	Zip+4*	04750-1141		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*	<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 17

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	962089806		Verified
22	Identification Number			
23	Legal Name*	TOWN OF BEALS SCHOOL DEPARTMENT		
24	Address Line 1*	24 MILL POND RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BEALS		
28	State Code*	ME		
29	Zip+4*	04611		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 18

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	797055790	Verified
22	Identification Number		
23	Legal Name*	CUTLER SCHOOL DEPARTMENT	
24	Address Line 1*	2066 CUTLER RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CUTLER	
28	State Code*	ME	
29	Zip+4*	04626-3021	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 19

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	178088639	Verified
22	Identification Number		
23	Legal Name*	ISLESBORO, TOWN OF	
24	Address Line 1*	159 ALUMNI DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	ISLESBORO	
28	State Code*	ME	
29	Zip+4*	04848	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 20

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	183992486	Verified
22	Identification Number		
23	Legal Name*	FAYETTE CENTRAL SCHOOL DISTRICT	
24	Address Line 1*	2023 MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	KENTS HILL	
28	State Code*	ME	
29	Zip+4*	04349-3501	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 21

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	159685296		Verified
22	Identification Number			
23	Legal Name*	MOOSABEC COMMUNITY SCHOOL DISTRICT 17 UNION		
24	Address Line 1*	127 SNARE CREEK LN		
25	Address Line 2			
26	Address Line 3			
27	City Name*	JONESPORT		
28	State Code*	ME		
29	Zip+4*	04649-3138		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 22

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	046799276	Verified
22	Identification Number		
23	Legal Name*	SCHOOL ADMIN DISTRICT 19	
24	Address Line 1*	44 SOUTH ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LUBEC	
28	State Code*	ME	
29	Zip+4*	04652-4002	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 23

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	178151874	Verified
22	Identification Number		
23	Legal Name*	JOHN F. MURPHY HOMES, INC.	
24	Address Line 1*	800 CENTER ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	AUBURN	
28	State Code*	ME	
29	Zip+4*	04210-6404	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 24

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	786692723	Verified
22	Identification Number		
23	Legal Name*	UNION 76 SEDGEWICK	
24	Address Line 1*	272 SNOWS COVE RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SEDGWICK	
28	State Code*	ME	
29	Zip+4*	04676-3442	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 25

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	159144385	
23	Legal Name*	ALEXANDER SCHOOL DEPARTMENT	
24	Address Line 1*	1430 Airline Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Baileyville	
28	State Code*	ME	
29	Zip+4*	04694-6110	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 26

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	787290634		
23	Legal Name*	CASWELL SCHOOL DEPARTMENT		
24	Address Line 1*	1025 Van Buren Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Caswell		
28	State Code*	ME		
29	Zip+4*	04750-3204		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 27

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	073991176		Verified
22	Identification Number			
23	Legal Name*	SWEETSER		
24	Address Line 1*	50 MOODY ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SACO		
28	State Code*	ME		
29	Zip+4*	04072-1536		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 28

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	043848167	
23	Legal Name*	PENOBSCOT TOWN OF	
24	Address Line 1*	1 Southern Bay Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Penobscot	
28	State Code*	ME	
29	Zip+4*	04476-3050	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 29

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	045656493		
23	Legal Name*	EUSTIS, TREAS OF		
24	Address Line 1*	65 School St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Stratton		
28	State Code*	ME		
29	Zip+4*	04982-9706		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 30

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	002568822	
23	Legal Name*	LEE ACADEMY	
24	Address Line 1*	26 Winn Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Lee	
28	State Code*	ME	
29	Zip+4*	04455-4214	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 31

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	059818315	
23	Legal Name*	PEMBROKE SCHOOL DEPARTMENT	
24	Address Line 1*	102 High St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Eastport	
28	State Code*	ME	
29	Zip+4*	04631-1110	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 32

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	958053845	
23	Legal Name*	OTIS TREAS OF	
24	Address Line 1*	132 Otis Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Otis	
28	State Code*	ME	
29	Zip+4*	04605-6722	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 33

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	780942033	
23	Legal Name*	AOS 77	
24	Address Line 1*	32 Blue Devil HI	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Calais	
28	State Code*	ME	
29	Zip+4*	04619-4037	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 34

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	048873111	Verified
22	Identification Number		
23	Legal Name*	UNION SCHOOL DISTRICT 103	
24	Address Line 1*	127 SNARE CRK LN	
25	Address Line 2		
26	Address Line 3		
27	City Name*	JONESPORT	
28	State Code*	ME	
29	Zip+4*	04649-3138	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 35

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	126039440	
23	Legal Name*	REGION 9 SCHOOL-APPLIED TECH	
24	Address Line 1*	377 River Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mexico	
28	State Code*	ME	
29	Zip+4*	04257-1846	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 36

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	129238643		Verified
22	Identification Number			
23	Legal Name*	FIDDLEHEAD CENTER FOR THE ARTS		
24	Address Line 1*	25 SHAKER RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GRAY		
28	State Code*	ME		
29	Zip+4*	04039-9435		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 37

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	074558941	
23	Legal Name*	WALDO COUNTY TECHNICAL CENTER	
24	Address Line 1*	1022 Waterville Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waldo	
28	State Code*	ME	
29	Zip+4*	04915-3131	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 38

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	159146513	Verified
22	Identification Number		
23	Legal Name*	INDIAN ISLAND PENOBSCOT SCHOOL COMMITTEE	
24	Address Line 1*	39A UNION ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CALAIS	
28	State Code*	ME	
29	Zip+4*	04619-1819	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input checked="" type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input checked="" type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 39

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	167302244	Verified
22	Identification Number		
23	Legal Name*	EDGECOMB EDDY SCHOOL	
24	Address Line 1*	157 BOOTHBAY ROAD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	EDGECOMB	
28	State Code*	ME	
29	Zip+4*	04556-3036	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 41

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	052287463	
23	Legal Name*	NORTHERN PENOBSCOT TECH	
24	Address Line 1*	35 W Broadway	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Lincoln	
28	State Code*	ME	
29	Zip+4*	04457-1236	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 42

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	825382125		
23	Legal Name*	WEST BATH SCHOOL DEPARTMENT		
24	Address Line 1*	219 Fosters Point Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	West Bath		
28	State Code*	ME		
29	Zip+4*	04530-6403		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 43

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	083188573		Verified
22	Identification Number			
23	Legal Name*	SOUTHERN AROOSTOOK COOPERATIVE BOARD OF EDUCATION		
24	Address Line 1*	5 BIRD ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HOULTON		
28	State Code*	ME		
29	Zip+4*	04730-2402		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 44

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #**			
22	Identification Number	100266204		
23	Legal Name*	REGIONAL SCHOOL UNIT 61/MAINE SCHOOL ADMINISISTRATIVE DISTRICT 61		
24	Address Line 1*	283 Sebago Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Sebago		
28	State Code*	ME		
29	Zip+4*	04029-3718		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 45

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	060995321	
23	Legal Name*	EAST MILLINOCKET SCHOOL DEPARTMENT	
24	Address Line 1*	45 North St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	East Millinocket	
28	State Code*	ME	
29	Zip+4*	04430-1150	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 46

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	833118875		
23	Legal Name*	NORTHPORT, TOWN OF		
24	Address Line 1*	16 Beech Hill Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Northport		
28	State Code*	ME		
29	Zip+4*	04849-3205		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 47

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100263268	Verified
22	Identification Number		
23	Legal Name*	LAMOINE CONSOLIDATED ELEMENTARY SCHOOL	
24	Address Line 1*	53 LAMOINE BEACH RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	ELLSWORTH	
28	State Code*	ME	
29	Zip+4*	04605-4424	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 48

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	079799302		
23	Legal Name*	EUT		
24	Address Line 1*	PO BOX 9106		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Augusta		
28	State Code*	ME		
29	Zip+4*	04332-9106		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 49

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	079175989		
23	Legal Name*	ATHENS PUBLIC SCHOOLS		
24	Address Line 1*	175 Fern Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Dexter		
28	State Code*	ME		
29	Zip+4*	04930-2725		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 50

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	079386086		Verified
22	Identification Number			
23	Legal Name*	MAINE CONNECTIONS ACADEMY, INC.		
24	Address Line 1*	75 JOHN ROBERTS RD, SUITE 11B		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SOUTH PORTLAND		
28	State Code*	ME		
29	Zip+4*	04106-6925		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 51

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	786097944	Verified
22	Identification Number		
23	Legal Name*	RANGELEY LAKES REGIONAL SCHOOL	
24	Address Line 1*	43 MENDOLIA ROAD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	RANGELEY	
28	State Code*	ME	
29	Zip+4*	04970-4137	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 52

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	079413598	
23	Legal Name*	DAYTON SCHOOL DEPARTMENT	
24	Address Line 1*	18 Maplewood Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Biddeford	
28	State Code*	ME	
29	Zip+4*	04005-2110	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 53

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	065869001	Verified
22	Identification Number		
23	Legal Name*	MAINE ARTS ACADEMY	
24	Address Line 1*	11 GOLDEN ROD LN	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SIDNEY	
28	State Code*	ME	
29	Zip+4*	04330-1954	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 54

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	079876562		Verified
22	Identification Number			
23	Legal Name*	ST GEORGE MUNICIPAL SCHOOL UNIT		
24	Address Line 1*	65 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	TENANTS HARBOR		
28	State Code*	ME		
29	Zip+4*	04860		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 55

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	193228459		Verified
22	Identification Number			
23	Legal Name*	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM		
24	Address Line 1*	119 TREMONT RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BASS HARBOR		
28	State Code*	ME		
29	Zip+4*	04653-3433		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 56

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	959270398		Verified
22	Identification Number			
23	Legal Name*	SOUTH BRISTOL SCHOOL DEPARTMENT		
24	Address Line 1*	194 CENTER ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	NOBLEBORO		
28	State Code*	ME		
29	Zip+4*	04555-9028		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 57

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	058055497		Verified
22	Identification Number			
23	Legal Name*	HANCOCK, TOWN OF		
24	Address Line 1*	18 POINT RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HANCOCK		
28	State Code*	ME		
29	Zip+4*	04640		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 58

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	060987260		Verified
22	Identification Number			
23	Legal Name*	GEORGE STEVENS ACADEMY		
24	Address Line 1*	23 UNION ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BLUE HILL		
28	State Code*	ME		
29	Zip+4*	04614-5908		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 59

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100760313	Verified
22	Identification Number		
23	Legal Name*	MAINE SCHOOL UNION 69	
24	Address Line 1*	523 HOPE RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LINCOLNVILLE	
28	State Code*	ME	
29	Zip+4*	04849-5913	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 60

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	123155657	
23	Legal Name*	MAINE VOCATIONAL REGION TEN	
24	Address Line 1*	68 Church Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Brunswick	
28	State Code*	ME	
29	Zip+4*	04011-7300	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 61

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	080955044	Verified
22	Identification Number		
23	Legal Name*	ACADIA ACADEMY	
24	Address Line 1*	12 WESTMINSTER ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LEWISTON	
28	State Code*	ME	
29	Zip+4*	04240-3532	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 62

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	032525347	
23	Legal Name*	UNION 87 ORONO AND VEAZIE	
24	Address Line 1*	10 Goodridge Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Orono	
28	State Code*	ME	
29	Zip+4*	04473-4077	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 63

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	027007742		Verified
22	Identification Number			
23	Legal Name*	HARPSWELL COASTAL ACADEMY, INC.		
24	Address Line 1*	9 ASH POINT RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HARPSWELL		
28	State Code*	ME		
29	Zip+4*	04079-3418		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 64

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	111771601		
23	Legal Name*	LIMESTONE, TOWN OF		
24	Address Line 1*	93 High St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Limestone		
28	State Code*	ME		
29	Zip+4*	04750-1141		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 65

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	030522833	Verified
22	Identification Number		
23	Legal Name*	TOWN OF PRINCETON SCHOOL DEPARTMENT	
24	Address Line 1*	63 BROADWAY	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BAILEYVILLE	
28	State Code*	ME	
29	Zip+4*	04694-3417	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 66

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	193546462	Verified
22	Identification Number		
23	Legal Name*	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM	
24	Address Line 1*	327 MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SOUTHWEST HARBOR	
28	State Code*	ME	
29	Zip+4*	04679-4403	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 67

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100651033		Verified
22	Identification Number			
23	Legal Name*	RSU 84		
24	Address Line 1*	31A HOULTON RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DANFORTH		
28	State Code*	ME		
29	Zip+4*	04424-3138		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 68

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	100262211		
23	Legal Name*	ACTON, TOWN OF		
24	Address Line 1*	700 Milton Mills Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Acton		
28	State Code*	ME		
29	Zip+4*	04001-5409		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 69

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100650506		Verified
22	Identification Number			
23	Legal Name*	UNION SCHOOL DISTRICT 69		
24	Address Line 1*	737 UNION RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	UNION		
28	State Code*	ME		
29	Zip+4*	04862		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 70

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	123275513		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL ADMINSTRATION DISTRICT 12		
24	Address Line 1*	606 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	JACKMAN		
28	State Code*	ME		
29	Zip+4*	04945-5002		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 71

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	077461648	Verified
22	Identification Number		
23	Legal Name*	GOOD WILL HOME ASSOCIATION	
24	Address Line 1*	ROUTE 201	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HINCKLEY	
28	State Code*	ME	
29	Zip+4*	04944	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 72

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	961705378	Verified
22	Identification Number		
23	Legal Name*	SCHOOL UNION 93	
24	Address Line 1*	754 N BEND RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SURRY	
28	State Code*	ME	
29	Zip+4*	04684-3325	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 73

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	159147305	
23	Legal Name*	JOHN BAPST MEM HIGH SCHOOL	
24	Address Line 1*	100 Broadway	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bangor	
28	State Code*	ME	
29	Zip+4*	04401-5204	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input checked="" type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 74

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100028885		Verified
22	Identification Number			
23	Legal Name*	EASTON SCHOOL DISTRICT		
24	Address Line 1*	33 BANGOR RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	EASTON		
28	State Code*	ME		
29	Zip+4*	04740-4200		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 75

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	183992627	Verified
22	Identification Number		
23	Legal Name*	SCHOOL UNION 122	
24	Address Line 1*	843 WOODLAND CENTER RD STE 3	
25	Address Line 2		
26	Address Line 3		
27	City Name*	WOODLAND	
28	State Code*	ME	
29	Zip+4*	04736-5145	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 76

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	193546397	Verified
22	Identification Number		
23	Legal Name*	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM - AOS 91	
24	Address Line 1*	1081 EAGLE LAKE RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BAR HARBOR	
28	State Code*	ME	
29	Zip+4*	04609-7331	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 77

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	183993146	Verified
22	Identification Number		
23	Legal Name*	AOS 91	
24	Address Line 1*	51 SCHOOL RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	TRENTON	
28	State Code*	ME	
29	Zip+4*	04605-5910	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 78

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	135792252	Verified
22	Identification Number		
23	Legal Name*	BLUE HILL SCHOOL DEPARTMENT	
24	Address Line 1*	60 HIGH ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BLUE HILL	
28	State Code*	ME	
29	Zip+4*	04614-5932	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 79

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	016211005	Verified
22	Identification Number		
23	Legal Name*	INDIAN TOWNSHIP PASSAMAQUODDY SCHOOL COMMITTEE	
24	Address Line 1*	39 UNION ST # A	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CALAIS	
28	State Code*	ME	
29	Zip+4*	04619-1819	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input checked="" type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input checked="" type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 80

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	071746481	
23	Legal Name*	Maine Central Institute	
24	Address Line 1*	295 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Pittsfield	
28	State Code*	ME	
29	Zip+4*	04967-4502	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 81

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100263169		Verified
22	Identification Number			
23	Legal Name*	GREENBUSH PUBLIC SCHOOLS		
24	Address Line 1*	129 MILITARY RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GREENBUSH		
28	State Code*	ME		
29	Zip+4*	04418-3137		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 82

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100262906	Verified
22	Identification Number		
23	Legal Name*	DEDHAM SCHOOL DEPARTMENT	
24	Address Line 1*	2065 MAIN RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	DEDHAM	
28	State Code*	ME	
29	Zip+4*	04429-4400	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 83

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	049196165	Verified
22	Identification Number		
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT 32	
24	Address Line 1*	190 PRESQUE ISLE RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	ASHLAND	
28	State Code*	ME	
29	Zip+4*	04732-3414	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 84

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	030518997		
23	Legal Name*	WASHINGTON ACADEMY		
24	Address Line 1*	PO BOX 190		
25	Address Line 2			
26	Address Line 3			
27	City Name*	East Machias		
28	State Code*	ME		
29	Zip+4*	04630-0190		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 85

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	183994201	Verified
22	Identification Number		
23	Legal Name*	PLEASANT POINT PASSAMAQUODDY SCHOOL COMMITTEE	
24	Address Line 1*	39A UNION ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CALAIS	
28	State Code*	ME	
29	Zip+4*	04619-1819	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input checked="" type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input checked="" type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 86

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	090330499		Verified
22	Identification Number			
23	Legal Name*	JEFFERSON SCHOOL DEPARTMENT, THE TOWN OF		
24	Address Line 1*	767 MAIN ST 1A		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DAMARISCOTTA		
28	State Code*	ME		
29	Zip+4*	04543-4664		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 87

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	097736680	Verified
22	Identification Number		
23	Legal Name*	SCHOOL ADMINISTRATIVE DISTRICT 8	
24	Address Line 1*	22 ARCOLA LN	
25	Address Line 2		
26	Address Line 3		
27	City Name*	VINALHAVEN	
28	State Code*	ME	
29	Zip+4*	04863-4014	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 88

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	926319559		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT #30		
24	Address Line 1*	31 WINN RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LEE		
28	State Code*	ME		
29	Zip+4*	04455-4200		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 89

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	051106458	
23	Legal Name*	DENNYVILLE SCHOOL DEPARTMENT	
24	Address Line 1*	100 High St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Eastport	
28	State Code*	ME	
29	Zip+4*	04631-1110	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 90

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	193303815		Verified
22	Identification Number			
23	Legal Name*	SCHOOL UNION 113		
24	Address Line 1*	45 NORTH ST STE 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	EAST MILLINOCKET		
28	State Code*	ME		
29	Zip+4*	04430-1152		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 91

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	183993518	Verified
22	Identification Number		
23	Legal Name*	MAINE SCHOOL UNION 69	
24	Address Line 1*	34 HIGHFIELD RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HOPE	
28	State Code*	ME	
29	Zip+4*	04847-3638	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 92

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	797529786	Verified
22	Identification Number		
23	Legal Name*	EAST MACHIAS SCHOOL DISTRICT	
24	Address Line 1*	291 COURT ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MACHIAS	
28	State Code*	ME	
29	Zip+4*	04654-3304	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 93

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	077460681	
23	Legal Name*	FOXcroft ACADEMY	
24	Address Line 1*	975 W Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dover Foxcroft	
28	State Code*	ME	
29	Zip+4*	04426-1067	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 94

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	060996014	
23	Legal Name*	REGIONAL SCHOOL UNIT 83/MAINE SCHOOL ADMINISTRATIVE DISTRICT 13	
24	Address Line 1*	263 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bingham	
28	State Code*	ME	
29	Zip+4*	04920-4015	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 95

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	193557527		Verified
22	Identification Number			
23	Legal Name*	BRISTOL, TOWN OF		
24	Address Line 1*	2153 BRISTOL RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PEMAQUID		
28	State Code*	ME		
29	Zip+4*	04558-4003		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 96

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	878882935	
23	Legal Name*	Union School District 60	
24	Address Line 1*	144 Pritham Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Greenville	
28	State Code*	ME	
29	Zip+4*	04441-3043	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 97

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	136908063	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT 45/MAINE SCHOOL ADMINISTRATIVE DISTRICT 45	
24	Address Line 1*	1359 MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	WASHBURN	
28	State Code*	ME	
29	Zip+4*	04786-3218	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 98

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	123118663	Verified
22	Identification Number		
23	Legal Name*	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM	
24	Address Line 1*	11 EAGLE LAKE RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BAR HARBOR	
28	State Code*	ME	
29	Zip+4*	04609-1043	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 99

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	117751672		Verified
22	Identification Number			
23	Legal Name*	REGION 8 MID-COAST SCHOOL OF TECHNOLOGY		
24	Address Line 1*	1 S MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ROCKLAND		
28	State Code*	ME		
29	Zip+4*	04841		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 100

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	080395694		
23	Legal Name*	MAINE LEARNING INNOVATIONS		
24	Address Line 1*	6 E Chestnut St Ste 230		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Augusta		
28	State Code*	ME		
29	Zip+4*	04330-5763		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 101

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	159144690		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 33/MAINE SCHOOL ADMINISTRATIVE DISTRICT 33		
24	Address Line 1*	431 US RTE 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	FRENCHVILLE		
28	State Code*	ME		
29	Zip+4*	04745		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 102

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	081214976	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT 89	
24	Address Line 1*	800 STATION RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	STACYVILLE	
28	State Code*	ME	
29	Zip+4*	04777-4121	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 103

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100263524	Verified
22	Identification Number		
23	Legal Name*	MILFORD PUBLIC SCHOOLS	
24	Address Line 1*	13 SCHOOL ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MILFORD	
28	State Code*	ME	
29	Zip+4*	04461-3300	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 104

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	114684145	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT 88/MAINE SCHOOL ADMINISTRATIVE DISTRICT 24	
24	Address Line 1*	169 MAIN ST STE 101	
25	Address Line 2		
26	Address Line 3		
27	City Name*	VAN BUREN	
28	State Code*	ME	
29	Zip+4*	04785-1248	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 105

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100262922		Verified
22	Identification Number			
23	Legal Name*	DEER ISLE/STONINGTON CSD		
24	Address Line 1*	251 N DEER ISLE RD UNIT 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DEER ISLE		
28	State Code*	ME		
29	Zip+4*	04627-3432		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 106

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	078455301	Verified
22	Identification Number		
23	Legal Name*	CORNVILLE REGIONAL CHARTER SCHOOL	
24	Address Line 1*	1192 WEST RIDGE RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SKOWHEGAN	
28	State Code*	ME	
29	Zip+4*	04976-6214	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 107

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	040755741	Verified
22	Identification Number		
23	Legal Name*	ORRINGTON, TOWN OF	
24	Address Line 1*	19 SCHOOL ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	ORRINGTON	
28	State Code*	ME	
29	Zip+4*	04474-3435	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 108

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	078454438		
23	Legal Name*	BAXTER ACADEMIES OF MAINE		
24	Address Line 1*	185 Lancaster St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Portland		
28	State Code*	ME		
29	Zip+4*	04101-2453		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 109

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	144840415		Verified
22	Identification Number			
23	Legal Name*	BAILEYVILLE, TOWN OF		
24	Address Line 1*	63 BROADWAY ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BAILEYVILLE		
28	State Code*	ME		
29	Zip+4*	04694-3417		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 110

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	071736268	
23	Legal Name*	FRYEBURG ACADEMY	
24	Address Line 1*	745 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fryeburg	
28	State Code*	ME	
29	Zip+4*	04037-1322	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 111

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	967756664	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT 50	
24	Address Line 1*	922 DYER BROOK RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	DYER BROOK	
28	State Code*	ME	
29	Zip+4*	04747-5028	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 112

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	077477594	
23	Legal Name*	LINCOLN ACADEMY	
24	Address Line 1*	81 Academy Hl	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Newcastle	
28	State Code*	ME	
29	Zip+4*	04553-3433	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 113

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	077470516	
23	Legal Name*	GREAT SALT BAY COMMUNITY SCHOOL DISTRICT	
24	Address Line 1*	767 Main St # 1A	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Damariscotta	
28	State Code*	ME	
29	Zip+4*	04543-4664	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 115

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	030518914	Verified
22	Identification Number		
23	Legal Name*	SCHOOL ADMINISTRATIVE DISTRICT 42	
24	Address Line 1*	35 PLEASANT ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MARS HILL	
28	State Code*	ME	
29	Zip+4*	04758-3499	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 116

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	113778349	Verified
22	Identification Number		
23	Legal Name*	GLENBURN SCHOOL DEPARTMENT	
24	Address Line 1*	983 HUDSON RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	GLENBURN	
28	State Code*	ME	
29	Zip+4*	04401-1610	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 117

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	097740815	
23	Legal Name*	ERSKINE ACADEMY	
24	Address Line 1*	309 Windsor Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	South China	
28	State Code*	ME	
29	Zip+4*	04358-5118	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 118

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	800903494		Verified
22	Identification Number			
23	Legal Name*	SCHOOL UNION 52		
24	Address Line 1*	1116 WEBBER POND RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	VASSALBORO		
28	State Code*	ME		
29	Zip+4*	04989-3949		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 120

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	034422493	
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 64	
24	Address Line 1*	118 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Corinth	
28	State Code*	ME	
29	Zip+4*	04427-3026	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 121

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100029156	Verified
22	Identification Number		
23	Legal Name*	MADAWASKA SCHOOL DEPARTMENT	
24	Address Line 1*	328 SAINT THOMAS ST STE 201	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MADAWASKA	
28	State Code*	ME	
29	Zip+4*	04756-1242	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 123

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	193303971		Verified
22	Identification Number			
23	Legal Name*	BOOTHBAY HARBOR COMMUNITY SCHOOL DISTRICT 903		
24	Address Line 1*	51 EMERY LN		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BOOTHBAY HARBOR		
28	State Code*	ME		
29	Zip+4*	04538-1964		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 124

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	086887635	
23	Legal Name*	SCHOOL ADMINISTRATIVE DISTRICT #31	
24	Address Line 1*	23 Cross St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Howland	
28	State Code*	ME	
29	Zip+4*	04448-3711	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 125

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	831034991	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT NO. 20	
24	Address Line 1*	6 MORTLAND RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SEARSPORT	
28	State Code*	ME	
29	Zip+4*	04974-3332	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 126

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	793132221	
23	Legal Name*	UNITED TECHNOLOGIES CENTER- REGION 4	
24	Address Line 1*	200 Hogan Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bangor	
28	State Code*	ME	
29	Zip+4*	04401-5663	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 127

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	051344679	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT 70/MAINE SCHOOL ADMINISTRATIVE DISTRICT 70	
24	Address Line 1*	175 HODGDON MILLS RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HODGDON	
28	State Code*	ME	
29	Zip+4*	04730-4277	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 128

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	046521886	Verified
22	Identification Number		
23	Legal Name*	SCHOOL ADMIN DISTRICT 20	
24	Address Line 1*	28 HIGH SCHOOL DR STE B	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FORT FAIRFIELD	
28	State Code*	ME	
29	Zip+4*	04742-1187	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 129

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	158349191		
23	Legal Name*	REGIONAL SCHOOL UNIT 12		
24	Address Line 1*	83 Federal St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Wiscasset		
28	State Code*	ME		
29	Zip+4*	04578-4004		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 130

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100029230	Verified
22	Identification Number		
23	Legal Name*	MILLINOCKET SCHOOL DISTRICT	
24	Address Line 1*	199 STATE ST.	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MILLINOCKET	
28	State Code*	ME	
29	Zip+4*	04462-1545	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 131

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	169183357		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 80/MAINE SCHOOL ADMINISTRATIVE DISTRICT 4		
24	Address Line 1*	25 CAMPUS DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GUILFORD		
28	State Code*	ME		
29	Zip+4*	04443-6315		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 132

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	183994128	
23	Legal Name*	SCHOOL UNION 102	
24	Address Line 1*	291 Court St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Machias	
28	State Code*	ME	
29	Zip+4*	04654-3304	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 133

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	037719952		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 87		
24	Address Line 1*	44 PLYMOUTH ROAD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CARMEL		
28	State Code*	ME		
29	Zip+4*	04419-3453		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 134

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	049226756	Verified
22	Identification Number		
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT 59	
24	Address Line 1*	205 MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MADISON	
28	State Code*	ME	
29	Zip+4*	04950-1519	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 136

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	096935049	Verified
22	Identification Number		
23	Legal Name*	FIVE TOWN COMMUNITY SCHOOL DISTRICT	
24	Address Line 1*	7 LIONS LN	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CAMDEN	
28	State Code*	ME	
29	Zip+4*	04843-1536	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 137

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	122800840		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT 28		
24	Address Line 1*	7 LIONS LN		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CAMDEN		
28	State Code*	ME		
29	Zip+4*	04843-1536		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 138

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	183994243	Verified
22	Identification Number		
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT 60	
24	Address Line 1*	100 NOBLE WAY	
25	Address Line 2		
26	Address Line 3		
27	City Name*	NORTH BERWICK	
28	State Code*	ME	
29	Zip+4*	03906-6925	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 139

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	100030105	
23	Legal Name*	REGIONAL SCHOOL UNIT 53/MAINE SCHOOL ADMINISTRATIVE DISTRICT 53	
24	Address Line 1*	167 School St # A	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Pittsfield	
28	State Code*	ME	
29	Zip+4*	04967-4747	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 140

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	830698218		
23	Legal Name*	REGIONAL SCHOOL UNIT #23		
24	Address Line 1*	90 Beach St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Saco		
28	State Code*	ME		
29	Zip+4*	04072-2812		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 141

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	159145119	Verified
22	Identification Number		
23	Legal Name*	MAINE SCHOOL ADMIN DISTRICT 74	
24	Address Line 1*	56 N MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	NORTH ANSON	
28	State Code*	ME	
29	Zip+4*	04958-7511	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 142

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	093633931	
23	Legal Name*	REGIONAL SCHOOL UNIT #44	
24	Address Line 1*	1 Parkway Ste 204	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bethel	
28	State Code*	ME	
29	Zip+4*	04217-4451	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 143

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	077470698	
23	Legal Name*	SCHOOL ADMIN DISTRICT 41	
24	Address Line 1*	20 Howland Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Lagrange	
28	State Code*	ME	
29	Zip+4*	04453-5321	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 144

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	042051177	Verified
22	Identification Number		
23	Legal Name*	MSAD 68	
24	Address Line 1*	63 HARRISON AVE STE C	
25	Address Line 2		
26	Address Line 3		
27	City Name*	DOVER FOXCROFT	
28	State Code*	ME	
29	Zip+4*	04426-1135	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 145

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	077476745	Verified
22	Identification Number		
23	Legal Name*	MAINE SCHOOL ADMINISTRATION DISTRICT 37	
24	Address Line 1*	1020 SACARAP RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HARRINGTON	
28	State Code*	ME	
29	Zip+4*	04643-3224	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 147

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	788129351	Verified
22	Identification Number		
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT 72	
24	Address Line 1*	25 MOLLY OCKETT DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FRYEURG	
28	State Code*	ME	
29	Zip+4*	04037-1496	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 148

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	962649534	Verified
22	Identification Number		
23	Legal Name*	CALAIS, CITY OF	
24	Address Line 1*	32 BLUE DEVIL HILL	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CALAIS	
28	State Code*	ME	
29	Zip+4*	04619-4037	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 149

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	186663485	
23	Legal Name*	WINTHROP PUBLIC SCHOOLS	
24	Address Line 1*	17A Highland Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Winthrop	
28	State Code*	ME	
29	Zip+4*	04364-1506	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 150

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	829736185		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 10		
24	Address Line 1*	799 HANCOCK ST # 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	RUMFORD		
28	State Code*	ME		
29	Zip+4*	04276-1547		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 151

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	047069562	Verified
22	Identification Number		
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DIST 27	
24	Address Line 1*	84 PLEASANT ST, STE 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FORT KENT	
28	State Code*	ME	
29	Zip+4*	04743-1574	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 152

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	968246459	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT NO 24	
24	Address Line 1*	2165 US HWY 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	NORTH SULLIVAN	
28	State Code*	ME	
29	Zip+4*	04664-3214	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 153

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	093629822		Verified
22	Identification Number			
23	Legal Name*	KITTERY, TOWN OF		
24	Address Line 1*	200 ROGERS RD EXT		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KITTERY		
28	State Code*	ME		
29	Zip+4*	03904-1458		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 154

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	612686907	
23	Legal Name*	REGIONAL SCHOOL UNIT NO. 67	
24	Address Line 1*	25 Reed Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Lincoln	
28	State Code*	ME	
29	Zip+4*	04457-1735	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 155

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	830793308		
23	Legal Name*	Sheepscoot Valley Regional School Unit 12		
24	Address Line 1*	665 Patrichtown Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Somerville		
28	State Code*	ME		
29	Zip+4*	04348-3035		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 156

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	100977024	
23	Legal Name*	TRUSTEES OF THORNTON ACADEMY (INC)	
24	Address Line 1*	438 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Saco	
28	State Code*	ME	
29	Zip+4*	04072-1565	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 157

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	943417923		Verified
22	Identification Number			
23	Legal Name*	SCHOOL ADMINISTRATIVE DISTRICT 55		
24	Address Line 1*	137 S HIRAM RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HIRAM		
28	State Code*	ME		
29	Zip+4*	04041-3636		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 158

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	015967362		Verified
22	Identification Number			
23	Legal Name*	SCHOOL ADMIN DISTRICT 65		
24	Address Line 1*	101 MAIN RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MATINICUS		
28	State Code*	ME		
29	Zip+4*	04851		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 159

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	830616210		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL NO. 38		
24	Address Line 1*	45 MILLARD HARRISON DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	READFIELD		
28	State Code*	ME		
29	Zip+4*	04355-3583		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 160

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	830759960	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT NO. 25	
24	Address Line 1*	62 MECHANIC ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BUCKSPORT	
28	State Code*	ME	
29	Zip+4*	04416-4094	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 161

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	100266022	
23	Legal Name*	Winslow, Town Of	
24	Address Line 1*	114 Benton Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Winslow	
28	State Code*	ME	
29	Zip+4*	04901-3039	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 162

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	159145309		
23	Legal Name*	WELLS OGUNQUIT COMMUNITY SCHOOL DISTRICT		
24	Address Line 1*	1460 Post Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Wells		
28	State Code*	ME		
29	Zip+4*	04090-4508		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 163

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	031029978	
23	Legal Name*	MAINE SCHOOL ADMINSTRATION DISTRICT 46	
24	Address Line 1*	175 Fern Rd Ste 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dexter	
28	State Code*	ME	
29	Zip+4*	04930-2726	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 164

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	028370971	
23	Legal Name*	Town Of Hermon	
24	Address Line 1*	333 Billings Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Hermon	
28	State Code*	ME	
29	Zip+4*	04401-0412	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 165

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	195754569	
23	Legal Name*	Town of Cape Elizabeth	
24	Address Line 1*	320 Ocean House Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cape Elizabeth	
28	State Code*	ME	
29	Zip+4*	04107-2419	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 167

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100262849		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 39		
24	Address Line 1*	75 GLENN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CARIBOU		
28	State Code*	ME		
29	Zip+4*	04736-1908		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 168

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	097730683	Verified
22	Identification Number		
23	Legal Name*	SCHOOL ADMINISTRATIVE DISTRICT 3	
24	Address Line 1*	84 SCHOOL ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	UNITY	
28	State Code*	ME	
29	Zip+4*	04988-3911	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 169

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	604440651		
23	Legal Name*	TOWN OF YORK		
24	Address Line 1*	469 US Route 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	York		
28	State Code*	ME		
29	Zip+4*	03909-1638		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*	<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 170

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	073993503		Verified
22	Identification Number			
23	Legal Name*	YARMOUTH, TOWN OF		
24	Address Line 1*	200 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	YARMOUTH		
28	State Code*	ME		
29	Zip+4*	04096-6713		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 171

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	832229970	
23	Legal Name*	Regional School Unit No 4	
24	Address Line 1*	971 Gardiner Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Wales	
28	State Code*	ME	
29	Zip+4*	04280-3261	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 172

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	968474978	
23	Legal Name*	Regional School Unit 36	
24	Address Line 1*	9 Cedar St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Livermore Falls	
28	State Code*	ME	
29	Zip+4*	04254-1336	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 173

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	049024979	Verified
22	Identification Number		
23	Legal Name*	RSU 29/MSAD 29	
24	Address Line 1*	7 BIRD ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HOULTON	
28	State Code*	ME	
29	Zip+4*	04730-2402	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 174

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	077022651		
23	Legal Name*	Ellsworth Public Schools		
24	Address Line 1*	66 Main St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Ellsworth		
28	State Code*	ME		
29	Zip+4*	04605-1970		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 175

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	830636127	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT 34	
24	Address Line 1*	156 OAK ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	OLD TOWN	
28	State Code*	ME	
29	Zip+4*	04468-1681	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 176

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	079756303	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT #71	
24	Address Line 1*	6A LIONS WAY	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BELFAST	
28	State Code*	ME	
29	Zip+4*	04915	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 177

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100028752	Verified
22	Identification Number		
23	Legal Name*	BREWER SCHOOL DEPARTMENT	
24	Address Line 1*	261 CENTER ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BREWER	
28	State Code*	ME	
29	Zip+4*	04412-1900	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 178

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	003024999	
23	Legal Name*	Regional School Unit 13	
24	Address Line 1*	28 Lincoln St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Rockland	
28	State Code*	ME	
29	Zip+4*	04841-2940	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 179

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	867703605		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 16		
24	Address Line 1*	3 AGGREGATE ROAD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	POLAND		
28	State Code*	ME		
29	Zip+4*	04274-6751		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 180

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	019224260		Verified
22	Identification Number			
23	Legal Name*	FALMOUTH, TOWN OF		
24	Address Line 1*	51 WOODVILLE RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	FALMOUTH		
28	State Code*	ME		
29	Zip+4*	04105-2638		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 181

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	083185215		Verified
22	Identification Number			
23	Legal Name*	SACO, CITY OF		
24	Address Line 1*	300 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SACO		
28	State Code*	ME		
29	Zip+4*	04072-1515		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 182

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	086875309	
23	Legal Name*	Regional School Unit 51	
24	Address Line 1*	357 Tuttle Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cumberland Center	
28	State Code*	ME	
29	Zip+4*	04021-3625	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 183

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	030522916		Verified
22	Identification Number			
23	Legal Name*	SCHOOL ADMINISTRATIVE DISTRICT #15		
24	Address Line 1*	14 SHAKER RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GRAY		
28	State Code*	ME		
29	Zip+4*	04039-9701		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 184

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	832319813		
23	Legal Name*	Rsu No. 5		
24	Address Line 1*	17 West St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Freeport		
28	State Code*	ME		
29	Zip+4*	04032-1121		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 185

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	046499240	
23	Legal Name*	Maine School Administrative District 1	
24	Address Line 1*	79 Blake St Ste 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Presque Isle	
28	State Code*	ME	
29	Zip+4*	04769-2474	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 186

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	833017291		
23	Legal Name*	Regional School Unit 2		
24	Address Line 1*	7 Reed St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Hallowell		
28	State Code*	ME		
29	Zip+4*	04347-3047		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 187

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	183994235		
23	Legal Name*	Regional School Unit 35/ Maine School Administrative District 35		
24	Address Line 1*	180 Depot Rd Unit Me		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Eliot		
28	State Code*	ME		
29	Zip+4*	03903-1278		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 188

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	943095190	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT 63	
24	Address Line 1*	202 KIDDER HILL RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HOLDEN	
28	State Code*	ME	
29	Zip+4*	04429-6222	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 189

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	949543359	
23	Legal Name*	Maine School Administrative District 52	
24	Address Line 1*	486 Turner Ctr Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Turner	
28	State Code*	ME	
29	Zip+4*	04282-3954	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 190

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	077469328	
23	Legal Name*	Regional School Unit 40/Maine School Administrative District 40	
24	Address Line 1*	1070 Heald Hwy	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Union	
28	State Code*	ME	
29	Zip+4*	04862-3647	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 191

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	785837451		
23	Legal Name*	Regional School Unit 19		
24	Address Line 1*	182 Moosehead Trl		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Newport		
28	State Code*	ME		
29	Zip+4*	04953-4021		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 192

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	037715208	Verified
22	Identification Number		
23	Legal Name*	SCHOOL ADMIN DISTRICT 11	
24	Address Line 1*	150 HIGHLAND AVE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	GARDINER	
28	State Code*	ME	
29	Zip+4*	04345-1812	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 193

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	824758119		
23	Legal Name*	Regional School Unit 01		
24	Address Line 1*	34 Wing Farm Pkwy Ste 101		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Bath		
28	State Code*	ME		
29	Zip+4*	04530-1552		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 195

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	077464956		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 21		
24	Address Line 1*	177 ALEWIVE RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KENNEBUNK		
28	State Code*	ME		
29	Zip+4*	04043-6101		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 196

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	097729677	Verified
22	Identification Number		
23	Legal Name*	SCHOOL ADMINISTRATIVE DISTRICT NO 49	
24	Address Line 1*	8 SCHOOL ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FAIRFIELD	
28	State Code*	ME	
29	Zip+4*	04937-1325	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 197

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	051783587	Verified
22	Identification Number		
23	Legal Name*	WATERVILLE PUBLIC SCHOOLS	
24	Address Line 1*	25 MESSALONSKEE AVE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	WATERVILLE	
28	State Code*	ME	
29	Zip+4*	04901-5206	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 198

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	026562124	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT 22	
24	Address Line 1*	24 MAIN RD N	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HAMPDEN	
28	State Code*	ME	
29	Zip+4*	04444-1306	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 199

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	100262757	
23	Legal Name*	Brunswick School Department	
24	Address Line 1*	116 Maquoit Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Brunswick	
28	State Code*	ME	
29	Zip+4*	04011-7452	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 200

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	114407872	
23	Legal Name*	Maine School Administrative District No 75	
24	Address Line 1*	50 Republic Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Topsham	
28	State Code*	ME	
29	Zip+4*	04086-1136	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 201

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	171715563		
23	Legal Name*	Gorham School District		
24	Address Line 1*	75 South St Ste 2		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Gorham		
28	State Code*	ME		
29	Zip+4*	04038-1737		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 202

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	086885340		Verified
22	Identification Number			
23	Legal Name*	SCARBOROUGH, TOWN OF		
24	Address Line 1*	259 US ROUTE 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SCARBOROUGH		
28	State Code*	ME		
29	Zip+4*	04074		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 203

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	060992898	
23	Legal Name*	Regional School Unit No 18	
24	Address Line 1*	41 Heath St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Oakland	
28	State Code*	ME	
29	Zip+4*	04963-4901	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 204

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	071740468	Verified
22	Identification Number		
23	Legal Name*	AUGUSTA, CITY OF	
24	Address Line 1*	16 CONY ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	AUGUSTA	
28	State Code*	ME	
29	Zip+4*	04330-5200	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 205

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	086577850	Verified
22	Identification Number		
23	Legal Name*	MT BLUE REGIONAL SCHOOL DISTRICT	
24	Address Line 1*	129 SEAMON RD # 2	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FARMINGTON	
28	State Code*	ME	
29	Zip+4*	04938-6336	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 206

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	162017933	
23	Legal Name*	Regional School Union 54	
24	Address Line 1*	196 W Front St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Skowhegan	
28	State Code*	ME	
29	Zip+4*	04976-5108	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 207

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	193420002	Verified
22	Identification Number		
23	Legal Name*	MSAD 61	
24	Address Line 1*	900 PORTLAND RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BRIDGTON	
28	State Code*	ME	
29	Zip+4*	04009-4238	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 208

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	126268981		Verified
22	Identification Number			
23	Legal Name*	BIDDEFORD, CITY OF		
24	Address Line 1*	205 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BIDDEFORD		
28	State Code*	ME		
29	Zip+4*	04005-2414		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 209

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	051616050	
23	Legal Name*	Regional School Unit 58/Maine School Administrative District 58	
24	Address Line 1*	1401 Rangeley Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Phillips	
28	State Code*	ME	
29	Zip+4*	04966-4606	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 210

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	037710373		Verified
22	Identification Number			
23	Legal Name*	SOUTH PORTLAND, CITY OF		
24	Address Line 1*	25 COTTAGE RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SOUTH PORTLAND		
28	State Code*	ME		
29	Zip+4*	04106-3604		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 211

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	159147016		Verified
22	Identification Number			
23	Legal Name*	RSU 14 WINDHAM RAYMOND SCHOOL DISTRICT		
24	Address Line 1*	228 WINDHAM CENTER RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WINDHAM		
28	State Code*	ME		
29	Zip+4*	04062-4862		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 212

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	073995102		Verified
22	Identification Number			
23	Legal Name*	WESTBROOK, CITY OF		
24	Address Line 1*	2 YORK ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WESTBROOK		
28	State Code*	ME		
29	Zip+4*	04092-4750		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 213

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	183318666		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 6		
24	Address Line 1*	94 MAIN STREET		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BUXTON		
28	State Code*	ME		
29	Zip+4*	04093-6105		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*	<input checked="" type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 214

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100028620	Verified
22	Identification Number		
23	Legal Name*	AUBURN SCHOOL DEPARTMENT	
24	Address Line 1*	60 COURT ST 4TH FL	
25	Address Line 2		
26	Address Line 3		
27	City Name*	AUBURN	
28	State Code*	ME	
29	Zip+4*	04210-5983	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 215

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	859684508	
23	Legal Name*	Maine Vocational Region 11	
24	Address Line 1*	256 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	South Paris	
28	State Code*	ME	
29	Zip+4*	04281-1629	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 216

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	071739692	Verified
22	Identification Number		
23	Legal Name*	BANGOR, CITY OF	
24	Address Line 1*	73 HARLOW ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BANGOR	
28	State Code*	ME	
29	Zip+4*	04401-5118	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 217

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	832327402		Verified
22	Identification Number			
23	Legal Name*	SANFORD SCHOOL DEPARTMENT		
24	Address Line 1*	917 MAIN STREET STE 200		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SANFORD		
28	State Code*	ME		
29	Zip+4*	04073-3568		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 218

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	198854978		
23	Legal Name*	Lewiston Public Schools		
24	Address Line 1*	36 Oak St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lewiston		
28	State Code*	ME		
29	Zip+4*	04240-7149		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 219

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	071747802	Verified
22	Identification Number		
23	Legal Name*	PORTLAND, CITY OF	
24	Address Line 1*	389 CONGRESS ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	PORTLAND	
28	State Code*	ME	
29	Zip+4*	04101-3566	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 225

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	105224849	Verified
22	Identification Number		
23	Legal Name*	GETWELLNETWORK, INC.	
24	Address Line 1*	7700 OLD GEORGETOWN RD 4TH FL	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BETHESDA	
28	State Code*	MD	
29	Zip+4*	20814-6224	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	8	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 227

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VC1000073		
23	Legal Name*	Presidio Network		
24	Address Line 1*	5337 Millenia Lakes Blvd Ste 300		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Orlando		
28	State Code*	FL		
29	Zip+4*	32839-6302		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	10		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 228

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	611429481	Verified
22	Identification Number		
23	Legal Name*	SHI INTERNATIONAL CORP.	
24	Address Line 1*	290 DAVIDSON AVE STE 101	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SOMERSET	
28	State Code*	NJ	
29	Zip+4*	08873-4179	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	12	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 229

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	111734496		
23	Legal Name*	Stratosphere Technical Consulting, LLC		
24	Address Line 1*	24 Eastern Ridge Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Eliot		
28	State Code*	ME		
29	Zip+4*	03903-1169		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 230

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	804432805		Verified
22	Identification Number			
23	Legal Name*	CATHOLIC CHARITIES MAINE		
24	Address Line 1*	307 CONGRESS ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PORTLAND		
28	State Code*	ME		
29	Zip+4*	04101-3638		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 231

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	086887056	Verified
22	Identification Number		
23	Legal Name*	COMMUNITY CONCEPTS, INCORPORATED	
24	Address Line 1*	17-19 MARKET SQ	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SOUTH PARIS	
28	State Code*	ME	
29	Zip+4*	04281-1533	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 232

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	77464014		
23	Legal Name*	MIDCOAST MAINE COMMUNITY ACTION		
24	Address Line 1*	34 Wing Farm Pkwy		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Bath		
28	State Code*	ME		
29	Zip+4*	04530-1515		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 233

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	65270445	
23	Legal Name*	THE OPPORTUNITY ALLIANCE	
24	Address Line 1*	50 Lydia Ln	
25	Address Line 2		
26	Address Line 3		
27	City Name*	South Portland	
28	State Code*	ME	
29	Zip+4*	04106-2156	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 234

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	794426655		
23	Legal Name*	Carahsoft Technology Corp		
24	Address Line 1*	110 N Washington St Ste 540		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Rockville		
28	State Code*	MD		
29	Zip+4*	20850-2223		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	8		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 235

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	117261397	
23	Legal Name*	Dxc Ms LLc	
24	Address Line 1*	1775 Tysons Blvd Fl 8	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Tysons	
28	State Code*	VA	
29	Zip+4*	22102-4251	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	11	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 236

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	08687715	
23	Legal Name*	Maine State Housing Authority	
24	Address Line 1*	26 Edison Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Augusta	
28	State Code*	ME	
29	Zip+4*	04330-6046	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 237

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VC0000241		
23	Legal Name*	The HB Group, LLC		
24	Address Line 1*	15892 S Rockwell Park Cv		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Bluffdale		
28	State Code*	UT		
29	Zip+4*	84065-1659		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 239

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	09363414	
23	Legal Name*	Town of Topsham	
24	Address Line 1*	100 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Topsham	
28	State Code*	ME	
29	Zip+4*	04086-1209	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 240

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	957935406	Verified
22	Identification Number		
23	Legal Name*	ORONO, TOWN OF	
24	Address Line 1*	59 MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	ORONO	
28	State Code*	ME	
29	Zip+4*	04473-4001	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 241

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	5KLH4	
23	Legal Name*	Town of Veazie	
24	Address Line 1*	1084 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Veazie	
28	State Code*	ME	
29	Zip+4*	04401-7056	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 242

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	099001921	
23	Legal Name*	Town of Tremont	
24	Address Line 1*	20 Harbor Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bass Harbor	
28	State Code*	ME	
29	Zip+4*	04653-3408	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 243

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	24708039	
23	Legal Name*	Town of St. George	
24	Address Line 1*	PO BOX 131	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Tenants Harbor	
28	State Code*	ME	
29	Zip+4*	04860-0131	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 244

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	112473561	
23	Legal Name*	Town of Deer Isle	
24	Address Line 1*	70 Church St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Deer Isle	
28	State Code*	ME	
29	Zip+4*	04627-3503	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 245

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	40237877	
23	Legal Name*	Town of Gardiner	
24	Address Line 1*	6 Church St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Gardiner	
28	State Code*	ME	
29	Zip+4*	04345-2170	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 246

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	93629723	
23	Legal Name*	City of Sanford	
24	Address Line 1*	919 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sanford	
28	State Code*	ME	
29	Zip+4*	04073-3545	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 247

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	99366536	
23	Legal Name*	York County Community Action Corporation	
24	Address Line 1*	6 Spruce St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sanford	
28	State Code*	ME	
29	Zip+4*	04073-2917	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 248

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	144075223	Verified
22	Identification Number		
23	Legal Name*	TOWN OF BAR HARBOR	
24	Address Line 1*	93 COTTAGE ST STE 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BAR HARBOR	
28	State Code*	ME	
29	Zip+4*	04609-1400	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 249

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	77477362		
23	Legal Name*	Town of Houlton		
24	Address Line 1*	21 Water St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Houlton		
28	State Code*	ME		
29	Zip+4*	04730-2104		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 250

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	0936332		
23	Legal Name*	Town of Gorham		
24	Address Line 1*	75 South St Ste 100		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Gorham		
28	State Code*	ME		
29	Zip+4*	04038-1737		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 251

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	COM203054	
23	Legal Name*	Town of Oxford	
24	Address Line 1*	85 Pleasant St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Oxford	
28	State Code*	ME	
29	Zip+4*	04270-4205	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 252

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	79482117	
23	Legal Name*	Town of Poland	
24	Address Line 1*	1231 Maine St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Poland	
28	State Code*	ME	
29	Zip+4*	04274-7328	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 253

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	097729735		Verified
22	Identification Number			
23	Legal Name*	RAYMOND, TOWN OF		
24	Address Line 1*	401 WEBBS MILLS ROAD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	RAYMOND		
28	State Code*	ME		
29	Zip+4*	04071-6331		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 254

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	782263581		Verified
22	Identification Number			
23	Legal Name*	MONHEGAN PLANTATION		
24	Address Line 1*	1 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MONHEGAN		
28	State Code*	ME		
29	Zip+4*	04852		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 255

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	109310263	Verified
22	Identification Number		
23	Legal Name*	DOVER FOXCROFT, TOWN OF	
24	Address Line 1*	48 MORTON AVE STE A	
25	Address Line 2		
26	Address Line 3		
27	City Name*	DOVER FOXCROFT	
28	State Code*	ME	
29	Zip+4*	04426-1181	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 256

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	057387052		Verified
22	Identification Number			
23	Legal Name*	ROCKLAND, CITY OF		
24	Address Line 1*	270 PLEASANT ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ROCKLAND		
28	State Code*	ME		
29	Zip+4*	04841-5305		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 257

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	9939844	
23	Legal Name*	Town of Southwest Harbor	
24	Address Line 1*	26 Village Green Way	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Southwest Harbor	
28	State Code*	ME	
29	Zip+4*	04679-4226	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 258

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	876442419	Verified
22	Identification Number		
23	Legal Name*	TOWN OF WELLS INC	
24	Address Line 1*	1563 POST RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	WELLS	
28	State Code*	ME	
29	Zip+4*	04090-4519	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 259

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	796935815		Verified
22	Identification Number			
23	Legal Name*	OGUNQUIT, TOWN OF		
24	Address Line 1*	23 SCHOOL ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	OGUNQUIT		
28	State Code*	ME		
29	Zip+4*	03907		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 260

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	137930343	Verified
22	Identification Number		
23	Legal Name*	LINCOLN, TOWN OF	
24	Address Line 1*	29 MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LINCOLN	
28	State Code*	ME	
29	Zip+4*	04457-1440	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 261

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	83183087	
23	Legal Name*	Town of Bethel	
24	Address Line 1*	19 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bethel	
28	State Code*	ME	
29	Zip+4*	04217-4014	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 262

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	22578566		
23	Legal Name*	Town of Eliot		
24	Address Line 1*	1333 State Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Eliot		
28	State Code*	ME		
29	Zip+4*	03903-1324		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 263

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	027104140	Verified
22	Identification Number		
23	Legal Name*	FARMINGTON, TOWN OF	
24	Address Line 1*	153 FARMINGTON FALLS RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FARMINGTON	
28	State Code*	ME	
29	Zip+4*	04938-6403	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 264

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	162017743		Verified
22	Identification Number			
23	Legal Name*	CAMDEN, TOWN OF		
24	Address Line 1*	29 ELM ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CAMDEN		
28	State Code*	ME		
29	Zip+4*	04843-1910		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 266

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	COM213121	
23	Legal Name*	Town of Rockport	
24	Address Line 1*	101 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Rockport	
28	State Code*	ME	
29	Zip+4*	04856-5963	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 267

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	041691318	
23	Legal Name*	Town of Liberty	
24	Address Line 1*	7 Water St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Liberty	
28	State Code*	ME	
29	Zip+4*	04949-3660	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 268

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	60997412	
23	Legal Name*	City of Lewiston	
24	Address Line 1*	27 Pine St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Lewiston	
28	State Code*	ME	
29	Zip+4*	04240-7204	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 269

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	7468569	
23	Legal Name*	Town of Winthrop	
24	Address Line 1*	17 Highland Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Winthrop	
28	State Code*	ME	
29	Zip+4*	04364-1506	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 270

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	38495839		
23	Legal Name*	Town of Kennebunkport		
24	Address Line 1*	6 Elm St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Kennebunkport		
28	State Code*	ME		
29	Zip+4*	04046-6155		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 256

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	837279744	Verified
22	Identification Number		
23	Legal Name*	NORRIDGEWOCK, TOWN OF	
24	Address Line 1*	16 PERKINS ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	NORRIDGEWOCK	
28	State Code*	ME	
29	Zip+4*	04957-3961	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 257

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	000034239	
23	Legal Name*	Guilford, Town of	
24	Address Line 1*	PO BOX 355	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Guilford	
28	State Code*	ME	
29	Zip+4*	04443-0355	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 258

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	018713730	Verified
22	Identification Number		
23	Legal Name*	LISBON, TOWN OF	
24	Address Line 1*	300 LISBON ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LISBON	
28	State Code*	ME	
29	Zip+4*	04250-6813	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 259

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	108183757	Verified
22	Identification Number		
23	Legal Name*	IDEXX LABORATORIES, INC.	
24	Address Line 1*	1 IDEXX DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	WESTBROOK	
28	State Code*	ME	
29	Zip+4*	04092-2040	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 260

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	197698298	
23	Legal Name*	ISLESBORO TOWN OF	
24	Address Line 1*	PO BOX 76	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Islesboro	
28	State Code*	ME	
29	Zip+4*	04848-0076	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 261

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	083178350		
23	Legal Name*	Bath, City of		
24	Address Line 1*	55 Front St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Bath		
28	State Code*	ME		
29	Zip+4*	04530-2572		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 262

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	009579124	
23	Legal Name*	TOWN OF ROME	
24	Address Line 1*	8 Mercer Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Rome	
28	State Code*	ME	
29	Zip+4*	04963-3044	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 263

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	797007767	Verified
22	Identification Number		
23	Legal Name*	CHEBEAGUE ISLAND, TOWN OF	
24	Address Line 1*	192 NORTH RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CHEBEAGUE ISLAND	
28	State Code*	ME	
29	Zip+4*	04017-3230	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 265

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	060987641	Verified
22	Identification Number		
23	Legal Name*	ELLSWORTH, CITY OF	
24	Address Line 1*	1 CITY HALL PLZ	
25	Address Line 2		
26	Address Line 3		
27	City Name*	ELLSWORTH	
28	State Code*	ME	
29	Zip+4*	04605-1935	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 267

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	052662819		Verified
22	Identification Number			
23	Legal Name*	BOOTHBAY HARBOR, TOWN OF		
24	Address Line 1*	11 HOWARD ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BOOTHBAY HARBOR		
28	State Code*	ME		
29	Zip+4*	04538-1819		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 268

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	117043140		Verified
22	Identification Number			
23	Legal Name*	BOOTHBAY, TOWN OF		
24	Address Line 1*	7 COREY LANE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BOOTHBAY		
28	State Code*	ME		
29	Zip+4*	04537-4100		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 269

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	945048861	
23	Legal Name*	HOLLIS TOWN OF	
24	Address Line 1*	34 Town Farm Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Hollis Center	
28	State Code*	ME	
29	Zip+4*	04042-3538	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 270

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	831895557		Verified
22	Identification Number			
23	Legal Name*	BELFAST, CITY OF		
24	Address Line 1*	131 CHURCH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BELFAST		
28	State Code*	ME		
29	Zip+4*	04915-6503		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 272

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	071745418	Verified
22	Identification Number		
23	Legal Name*	WINDHAM, TOWN OF	
24	Address Line 1*	8 SCHOOL RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	WINDHAM	
28	State Code*	ME	
29	Zip+4*	04062-4807	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 273

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	097729446		Verified
22	Identification Number			
23	Legal Name*	KENNEBUNK, TOWN OF		
24	Address Line 1*	1 SUMMER ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KENNEBUNK		
28	State Code*	ME		
29	Zip+4*	04043-6641		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 274

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	077465714	Verified
22	Identification Number		
23	Legal Name*	OLD ORCHARD BEACH, TOWN OF	
24	Address Line 1*	1 PORTLAND AVE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	OLD ORCHARD BEACH	
28	State Code*	ME	
29	Zip+4*	04064-2245	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 275

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	112918060		Verified
22	Identification Number			
23	Legal Name*	YORK, TOWN OF		
24	Address Line 1*	9 HANNAFORD DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	YORK		
28	State Code*	ME		
29	Zip+4*	03909-1667		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 276

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	198906430	Verified
22	Identification Number		
23	Legal Name*	AUBURN, CITY OF	
24	Address Line 1*	60 COURT ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	AUBURN	
28	State Code*	ME	
29	Zip+4*	04210-5983	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 274

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	048256707		
23	Legal Name*	WJZP COMMUNITY RADIO		
24	Address Line 1*	110 Marginal Way Ste 190		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Portland		
28	State Code*	ME		
29	Zip+4*	04101-2442		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 277

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	116899707		Verified
22	Identification Number			
23	Legal Name*	CUMBERLAND COUNTY FOOD SECURITY COUNCIL		
24	Address Line 1*	62 ELM ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PORTLAND		
28	State Code*	ME		
29	Zip+4*	04101-3091		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 281

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	361432912		
23	Legal Name*	HAND IN HAND / MANO EN MANO		
24	Address Line 1*	2 Maple St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Milbridge		
28	State Code*	ME		
29	Zip+4*	04658-3427		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 284

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	081015651		
23	Legal Name*	MAINE COMMUNITY INTEGRATION		
24	Address Line 1*	265 Lisbon St # 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lewiston		
28	State Code*	ME		
29	Zip+4*	04240-7704		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 285

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	828282264	Verified
22	Identification Number		
23	Legal Name*	MAINE IMMIGRANT & REFUGEE SERVICES	
24	Address Line 1*	256 BARTLETT ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LEWISTON	
28	State Code*	ME	
29	Zip+4*	04240-6501	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 290

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	829876551		Verified
22	Identification Number			
23	Legal Name*	PROSPERITYME		
24	Address Line 1*	62 ELM ST STE 2		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PORTLAND		
28	State Code*	ME		
29	Zip+4*	04101-3092		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 291

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	603869905	Verified
22	Identification Number		
23	Legal Name*	UNITED SOMALI WOMEN OF MAINE	
24	Address Line 1*	265 LISBON ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LEWISTON	
28	State Code*	ME	
29	Zip+4*	04240-7044	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 281

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	081326180	
23	Legal Name*	Andover School Board	
24	Address Line 1*	PO BOX 70	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Andover	
28	State Code*	ME	
29	Zip+4*	04216-0070	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 282

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	932942662	Verified
22	Identification Number		
23	Legal Name*	CHARLOTTE SCHOOL DEPARTMENT	
24	Address Line 1*	100 HIGH ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	EASTPORT	
28	State Code*	ME	
29	Zip+4*	04631-1110	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 283

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	135791726		Verified
22	Identification Number			
23	Legal Name*	EAST RANGE II CSD SCHOOL 12		
24	Address Line 1*	187 SCHOOL RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	TOPSFIELD		
28	State Code*	ME		
29	Zip+4*	04490-3134		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 284

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	068399410		
23	Legal Name*	Ecology Learning Center		
24	Address Line 1*	91 Dock Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Alna		
28	State Code*	ME		
29	Zip+4*	04535-3001		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 286

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	138260901	
23	Legal Name*	MAINE SPECIAL EDUCATION MENTAL HEALTH COLLABORATIVE	
24	Address Line 1*	41 Pineland Dr Ste 200	
25	Address Line 2		
26	Address Line 3		
27	City Name*	New Gloucester	
28	State Code*	ME	
29	Zip+4*	04260-5111	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 287

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	079799502	
23	Legal Name*	MSAD 76 Swans Island School District	
24	Address Line 1*	1081 Eagle Lake Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bar Harbor	
28	State Code*	ME	
29	Zip+4*	04609-7331	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 288

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	079799504		
23	Legal Name*	Southport School Department		
24	Address Line 1*	51 Emery Ln		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Boothbay Harbor		
28	State Code*	ME		
29	Zip+4*	04538-1964		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 289

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	166438317		Verified
22	Identification Number			
23	Legal Name*	SOUTHERN MAINE PLANNING AND DEVELOPMENT COMMISSION (SMPDC)		
24	Address Line 1*	110 MAIN ST SUITE 1400		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SACO		
28	State Code*	ME		
29	Zip+4*	04072-3504		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 290

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	077464386	Verified
22	Identification Number		
23	Legal Name*	GREATER PORTLAND COUNCIL OF GOVERNMENTS	
24	Address Line 1*	970 BAXTER BLVD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	PORTLAND	
28	State Code*	ME	
29	Zip+4*	04103-5337	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 291

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	086876661	Verified
22	Identification Number		
23	Legal Name*	ANDROSCOGGIN VALLEY COUNCIL OF GOVERNMENTS	
24	Address Line 1*	125 MANLEY RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	AUBURN	
28	State Code*	ME	
29	Zip+4*	04210-3632	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 292

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	962297925	Verified
22	Identification Number		
23	Legal Name*	KENNEBEC VALLEY COUNCIL OF GOVERNMENTS	
24	Address Line 1*	17 MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FAIRFIELD	
28	State Code*	ME	
29	Zip+4*	04937-1119	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 293

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	198234036	Verified
22	Identification Number		
23	Legal Name*	MIDCOAST ECONOMIC DEVELOPMENT DISTRICT	
24	Address Line 1*	165 MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	DAMARISCOTTA	
28	State Code*	ME	
29	Zip+4*	04543-4649	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 294

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	037714599	Verified
22	Identification Number		
23	Legal Name*	EASTERN MAINE DEVELOPMENT CORPORATION	
24	Address Line 1*	40 HARLOW ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BANGOR	
28	State Code*	ME	
29	Zip+4*	04401-5102	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 295

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	847409844	Verified
22	Identification Number		
23	Legal Name*	NORTHERN MAINE DEVELOPMENT COMMISSION, INC	
24	Address Line 1*	11 W PRESQUE ISLE RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CARIBOU	
28	State Code*	ME	
29	Zip+4*	04736-4107	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 296

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	86883931	
23	Legal Name*	Town of Anson	
24	Address Line 1*	5 Kennebec St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Anson	
28	State Code*	ME	
29	Zip+4*	04911-3386	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 297

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	77466274		
23	Legal Name*	Town of Brunswick		
24	Address Line 1*	85 Union St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Brunswick		
28	State Code*	ME		
29	Zip+4*	04011-2418		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 298

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	112510024	
23	Legal Name*	Penobscot Indian Nation	
24	Address Line 1*	12 Wabanaki Way	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Indian Island	
28	State Code*	ME	
29	Zip+4*	04468-1254	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input checked="" type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 299

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	50902451	
23	Legal Name*	Town of Southport	
24	Address Line 1*	361 Hendricks Hill Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Southport	
28	State Code*	ME	
29	Zip+4*	04576-3009	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 300

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	71734370	
23	Legal Name*	Town of Wiscasset	
24	Address Line 1*	51 Bath Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Wiscasset	
28	State Code*	ME	
29	Zip+4*	04578-4108	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 301

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	121350763	Verified
22	Identification Number		
23	Legal Name*	CENTRAL MAINE HEALTHCARE CORPORATION	
24	Address Line 1*	300 MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LEWISTON	
28	State Code*	ME	
29	Zip+4*	04240-7027	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 302

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	077461549	Verified
22	Identification Number		
23	Legal Name*	YORK HOSPITAL	
24	Address Line 1*	15 HOSPITAL DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	YORK	
28	State Code*	ME	
29	Zip+4*	03909-1099	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 304

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	011457061		
23	Legal Name*	Tri-State Staffing, Inc.		
24	Address Line 1*	225 Western Ave Ste 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Augusta		
28	State Code*	ME		
29	Zip+4*	04330-6159		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 305

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	80096954	
23	Legal Name*	Sysco Food Service of Northern New England, Inc.	
24	Address Line 1*	PO BOX 414535	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Boston	
28	State Code*	MA	
29	Zip+4*	02241-4535	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	8	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 306

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	090486250	
23	Legal Name*	W B Mason CO Inc	
24	Address Line 1*	106 Pine Tree Industrial Pkwy	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Portland	
28	State Code*	ME	
29	Zip+4*	04102-1400	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 307

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	039938079	Verified
22	Identification Number		
23	Legal Name*	GLOVE BOX INC	
24	Address Line 1*	11900 TANTON LN	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CHARLOTTE	
28	State Code*	NC	
29	Zip+4*	28273-6734	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	12	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 308

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	601295744		Verified
22	Identification Number			
23	Legal Name*	YORK, COUNTY OF		
24	Address Line 1*	45 KENNEBUNK RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ALFRED		
28	State Code*	ME		
29	Zip+4*	04002-3440		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input checked="" type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 308

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	071735286	Verified
22	Identification Number		
23	Legal Name*	ST JOSEPH HOSPITAL (INC)	
24	Address Line 1*	360 BROADWAY	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BANGOR	
28	State Code*	ME	
29	Zip+4*	04401-3979	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 309

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	00786519	
23	Legal Name*	Watershed Community Institute	
24	Address Line 1*	24 Lincoln St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Rockland	
28	State Code*	ME	
29	Zip+4*	04841-2940	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input checked="" type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 310

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	STETSONNF	
23	Legal Name*	NFI North-Stetson House	
24	Address Line 1*	160 Lapoint Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Stetson	
28	State Code*	ME	
29	Zip+4*	04488-3525	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 311

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	DODGENF17	
23	Legal Name*	NFI North-Dodge House	
24	Address Line 1*	15 Wayside Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bridgton	
28	State Code*	ME	
29	Zip+4*	04009-1231	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 312

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	BEACONNFI		
23	Legal Name*	NFI North-Beacon House		
24	Address Line 1*	360 Long Plains Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Buxton		
28	State Code*	ME		
29	Zip+4*	04093-3131		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 315

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	057710417	
23	Legal Name*	Margaret Murphy Center for Children	
24	Address Line 1*	1371 Minot Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Auburn	
28	State Code*	ME	
29	Zip+4*	04210-3744	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 316

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	080206163	
23	Legal Name*	Region 2 School of Applied Technology	
24	Address Line 1*	5 Bird St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Houlton	
28	State Code*	ME	
29	Zip+4*	04730-2402	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 317

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	080864933	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT 56	
24	Address Line 1*	147 WELD ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	DIXFIELD	
28	State Code*	ME	
29	Zip+4*	04224-9523	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 318

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	079799281	
23	Legal Name*	Regional School Unit 73	
24	Address Line 1*	9 Cedar St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Livermore Falls	
28	State Code*	ME	
29	Zip+4*	04254-1336	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 319

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	013434808		Verified
22	Identification Number			
23	Legal Name*	SEBAGO INC, TOWN OF		
24	Address Line 1*	406 BRIDGETON RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SEBAGO		
28	State Code*	ME		
29	Zip+4*	04029-3114		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 320

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	073376191	Verified
22	Identification Number		
23	Legal Name*	SURRY, TOWN OF	
24	Address Line 1*	741 N BEND RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SURRY	
28	State Code*	ME	
29	Zip+4*	04684	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 321

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	037836405	
23	Legal Name*	The New School	
24	Address Line 1*	38 York St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kennebunk	
28	State Code*	ME	
29	Zip+4*	04043-7160	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 323

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	103329533		
23	Legal Name*	Town of Trenton		
24	Address Line 1*	59 Oak Point Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Trenton		
28	State Code*	ME		
29	Zip+4*	04605-6100		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 324

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	151991622		Verified
22	Identification Number			
23	Legal Name*	VASSALBORO, TOWN OF		
24	Address Line 1*	682 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	NORTH VASSALBORO		
28	State Code*	ME		
29	Zip+4*	04962		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 325

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	073996951		Verified
22	Identification Number			
23	Legal Name*	WATERVILLE, CITY OF		
24	Address Line 1*	1 COMMON ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WATERVILLE		
28	State Code*	ME		
29	Zip+4*	04901-6699		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 326

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	002591600	
23	Legal Name*	Town of Wesley	
24	Address Line 1*	HC 71	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Machias	
28	State Code*	ME	
29	Zip+4*	04654-9803	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 327

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	961172574	
23	Legal Name*	Town of Whiting	
24	Address Line 1*	169 US Rte 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Whiting	
28	State Code*	ME	
29	Zip+4*	04691-3106	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 329

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	781038773	
23	Legal Name*	Town of Woodland Inc	
24	Address Line 1*	843 Woodland Center Rd Ste 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Woodland	
28	State Code*	ME	
29	Zip+4*	04736-5145	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 332

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	124097986	Verified
22	Identification Number		
23	Legal Name*	BROOKSVILLE, TOWN OF	
24	Address Line 1*	1 TOWN HOUSE RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BROOKSVILLE	
28	State Code*	ME	
29	Zip+4*	04617-3647	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 333

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	070977500	
23	Legal Name*	Town of Brooklin	
24	Address Line 1*	251 N Deer Isle Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Deer Isle	
28	State Code*	ME	
29	Zip+4*	04627-3432	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 334

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	071743694	Verified
22	Identification Number		
23	Legal Name*	ST. MARY'S REGIONAL MEDICAL CENTER	
24	Address Line 1*	93 CAMPUS AVE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LEWISTON	
28	State Code*	ME	
29	Zip+4*	04240-6030	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 335

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	08688611	
23	Legal Name*	Spurwink Services Incorporated	
24	Address Line 1*	901 Washington Ave Ste 100	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Portland	
28	State Code*	ME	
29	Zip+4*	04103-2842	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 337

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	051507952	
23	Legal Name*	Town of Medway	
24	Address Line 1*	4 School St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Medway	
28	State Code*	ME	
29	Zip+4*	04460-3153	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 340

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	619096055	
23	Legal Name*	Redzone Wireless, LLC	
24	Address Line 1*	91 Camden St Ste 404	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Rockland	
28	State Code*	ME	
29	Zip+4*	04841-2443	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 341

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	607132466	Verified
22	Identification Number		
23	Legal Name*	AXIOM TECHNOLOGIES, LLC	
24	Address Line 1*	3 WATER ST.	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MACHIAS	
28	State Code*	ME	
29	Zip+4*	04654-1118	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 342

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	080914545	
23	Legal Name*	FirstLight	
24	Address Line 1*	491 Lisbon St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Lewiston	
28	State Code*	ME	
29	Zip+4*	04240-7418	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 343

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	784840014	Verified
22	Identification Number		
23	Legal Name*	PIONEER WIRELESS, INC.	
24	Address Line 1*	37 NORTH ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HOULTON	
28	State Code*	ME	
29	Zip+4*	04730-1807	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 344

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	042142380	
23	Legal Name*	Lincolntonville Telephone Company	
24	Address Line 1*	133 Back Meadow Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Nobleboro	
28	State Code*	ME	
29	Zip+4*	04555-9202	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 345

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	828090543	
23	Legal Name*	Comcast Corporation	
24	Address Line 1*	5 Omni Way	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Chelmsford	
28	State Code*	MA	
29	Zip+4*	01824-4142	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 346

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	172001117		
23	Legal Name*	Spectrum Management Holding Company, LLC		
24	Address Line 1*	118 Johnson Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Portland		
28	State Code*	ME		
29	Zip+4*	04102-1976		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 347

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	063972830	
23	Legal Name*	US Bank	
24	Address Line 1*	425 Walnut St Fl 14	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cincinnati	
28	State Code*	OH	
29	Zip+4*	45202-3944	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 348

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	787288083		
23	Legal Name*	Sanford-Springvale YMCA		
24	Address Line 1*	PO BOX 249		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Sanford		
28	State Code*	ME		
29	Zip+4*	04073-0249		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 349

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	782281901	
23	Legal Name*	Center for Teaching and Learning Inc	
24	Address Line 1*	119 Cross Point Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Edgecomb	
28	State Code*	ME	
29	Zip+4*	04556-3226	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 351

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	144441917		
23	Legal Name*	Maplestone		
24	Address Line 1*	2435 Milton Mills Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Acton		
28	State Code*	ME		
29	Zip+4*	04001-5014		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 352

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	124399010		Verified
22	Identification Number			
23	Legal Name*	MAINE TECHNOLOGY INSTITUTE		
24	Address Line 1*	8 VENTURE AVE BRUNSWICK LANDING		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BRUNSWICK		
28	State Code*	ME		
29	Zip+4*	04011		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 353

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	097742910	Verified
22	Identification Number		
23	Legal Name*	COASTAL ENTERPRISES INC	
24	Address Line 1*	30 FEDERAL ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BRUNSWICK	
28	State Code*	ME	
29	Zip+4*	04011-1510	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 354

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	116915610	
23	Legal Name*	CieloGov LLC	
24	Address Line 1*	4747 S Loop 289 Ste 210	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Lubbock	
28	State Code*	TX	
29	Zip+4*	79424-2273	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	19	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 355

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	140460283	Verified
22	Identification Number		
23	Legal Name*	COMPQSOFT, INC.	
24	Address Line 1*	505 N SAM HOUSTON PKWY E STE 682	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HOUSTON	
28	State Code*	TX	
29	Zip+4*	77060-4094	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	29	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 356

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	035780826		
23	Legal Name*	DE International Group LLC		
24	Address Line 1*	9378 S Mason Montgomery Rd # 306		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Mason		
28	State Code*	OH		
29	Zip+4*	45040-8827		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 357

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	079947148	
23	Legal Name*	FRC GLOBAL GROUP, LLC	
24	Address Line 1*	381 5th Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	New York	
28	State Code*	NY	
29	Zip+4*	10016-3322	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	12	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 358

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	80789612	
23	Legal Name*	Onix Networking Corp.	
24	Address Line 1*	18519 Detroit Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Lakewood	
28	State Code*	OH	
29	Zip+4*	44107-3212	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	9	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 360

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	605502913		
23	Legal Name*	Sid Tool Co.		
24	Address Line 1*	20 Blanchard Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Burlington		
28	State Code*	MA		
29	Zip+4*	01803-6809		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	6		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 361

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	809678782	Verified
22	Identification Number		
23	Legal Name*	GOVCONNECTION, INC.	
24	Address Line 1*	7503 STANDISH PL	
25	Address Line 2		
26	Address Line 3		
27	City Name*	ROCKVILLE	
28	State Code*	MD	
29	Zip+4*	20855-2731	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	6	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 362

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	20200623	
23	Legal Name*	NAUTILUS PPE LLC	
24	Address Line 1*	463 Water St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Gardiner	
28	State Code*	ME	
29	Zip+4*	04345-2011	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 363

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	967950101	
23	Legal Name*	POSITEC USA INC	
24	Address Line 1*	463 Water St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Gardiner	
28	State Code*	ME	
29	Zip+4*	04345-2011	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 364

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	117738418		
23	Legal Name*	TOTAL CARE PPE		
24	Address Line 1*	1426 Lee St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Greenville		
28	State Code*	TX		
29	Zip+4*	75401-6624		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 365

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	081252924	Verified
22	Identification Number		
23	Legal Name*	UWEPOR LLC	
24	Address Line 1*	4621 TRIUMPH DR SW	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CONCORD	
28	State Code*	NC	
29	Zip+4*	28027-2713	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	8	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 366

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	080916415	
23	Legal Name*	VENOUS TECHNOLOGIES INC	
24	Address Line 1*	149 S Barrington Ave Ste 607	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Los Angeles	
28	State Code*	CA	
29	Zip+4*	90049-3310	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	33	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 368

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	078716014	Verified
22	Identification Number		
23	Legal Name*	REV.COM INC	
24	Address Line 1*	222 KEARNY ST FL 8	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SAN FRANCISCO	
28	State Code*	CA	
29	Zip+4*	94108-4513	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	12	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 369

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	785537614		Verified
22	Identification Number			
23	Legal Name*	JOHNSON & JORDAN, INC.		
24	Address Line 1*	18 MUSSEY RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SCARBOROUGH		
28	State Code*	ME		
29	Zip+4*	04074		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 370

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	10119256		
23	Legal Name*	AAA Energy Service Co.		
24	Address Line 1*	4 Commercial Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Scarborough		
28	State Code*	ME		
29	Zip+4*	04074-9311		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 371

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	10818060	
23	Legal Name*	Thayer Engineering Co	
24	Address Line 1*	17 Hasson St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Farmingdale	
28	State Code*	ME	
29	Zip+4*	04344-1613	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 372

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	624579152		Verified
22	Identification Number			
23	Legal Name*	PRO MOVING SERVICE		
24	Address Line 1*	184 COLLEGE AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WATERVILLE		
28	State Code*	ME		
29	Zip+4*	04901-6220		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 373

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	824876510	Verified
22	Identification Number		
23	Legal Name*	OFFICE FURNITURE DISTRIBUTORS OF NEW ENGLAND, INC.	
24	Address Line 1*	226 ANDOVER ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	WILMINGTON	
28	State Code*	MA	
29	Zip+4*	01887-1022	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	6	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 375

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	051356064	
23	Legal Name*	Blended Clothing, Inc.	
24	Address Line 1*	6055 E Washington Blvd Ste 590	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Commerce	
28	State Code*	CA	
29	Zip+4*	90040-2472	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	40	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 376

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	849171942	Verified
22	Identification Number		
23	Legal Name*	PERFORMANCE SAFETY GROUP, INC.	
24	Address Line 1*	781A RUDDER RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FENTON	
28	State Code*	MO	
29	Zip+4*	63026	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	3	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 377

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	088980149	Verified
22	Identification Number		
23	Legal Name*	PSI INTERNATIONAL, INC.	
24	Address Line 1*	11200 WAPLES MILL RD STE 200	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FAIRFAX	
28	State Code*	VA	
29	Zip+4*	22030-7551	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	11	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 378

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	123267097		Verified
22	Identification Number			
23	Legal Name*	AMERICAN ROOTS WEAR INC		
24	Address Line 1*	90 BRIDGE ST STE 401		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WESTBROOK		
28	State Code*	ME		
29	Zip+4*	04092-2948		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 379

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	801208682		
23	Legal Name*	Textrade Inc.		
24	Address Line 1*	116 Village Blvd Ste 200		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Princeton		
28	State Code*	NJ		
29	Zip+4*	08540-5700		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	12		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 382

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	119506582	Verified
22	Identification Number		
23	Legal Name*	ANDROSCOGGIN HOME HEALTH SERVICES, INC.	
24	Address Line 1*	15 STRAWBERRY AVE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LEWISTON	
28	State Code*	ME	
29	Zip+4*	04240-5941	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 383

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	036824312	
23	Legal Name*	Ascend Management Innovations LLC	
24	Address Line 1*	1891 Metro Center Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Reston	
28	State Code*	VA	
29	Zip+4*	20190-5287	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	11	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 384

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	146015784		Verified
22	Identification Number			
23	Legal Name*	MAINEHEALTH CARE AT HOME		
24	Address Line 1*	15 INDUSTRIAL PARK RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SACO		
28	State Code*	ME		
29	Zip+4*	04072-1804		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 385

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	967264792		Verified
22	Identification Number			
23	Legal Name*	MAINE COAST FISHERMENS ASSOCIATION		
24	Address Line 1*	14 MAINE ST STE 412GH		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BRUNSWICK		
28	State Code*	ME		
29	Zip+4*	04011-2049		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 386

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	08002425	
23	Legal Name*	MISHMASH	
24	Address Line 1*	386 Bridgton Rd Ste C	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Westbrook	
28	State Code*	ME	
29	Zip+4*	04092-3606	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 387

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	957663537	
23	Legal Name*	Southern Maine Agency on Aging	
24	Address Line 1*	136 US Route 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Scarborough	
28	State Code*	ME	
29	Zip+4*	04074-9055	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 388

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	196450548		Verified
22	Identification Number			
23	Legal Name*	CENTRAL MAINE AREA AGENCY ON AGING		
24	Address Line 1*	1 WESTON CT STE 203		
25	Address Line 2			
26	Address Line 3			
27	City Name*	AUGUSTA		
28	State Code*	ME		
29	Zip+4*	04330-5543		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 389

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	101191773	Verified
22	Identification Number		
23	Legal Name*	EASTERN AREA AGENCY ON AGING	
24	Address Line 1*	240 STATE ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BREWER	
28	State Code*	ME	
29	Zip+4*	04412-1519	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 390

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	083183285	Verified
22	Identification Number		
23	Legal Name*	SENIORSPLUS	
24	Address Line 1*	8 FALCON ROAD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LEWISTON	
28	State Code*	ME	
29	Zip+4*	04240-5815	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 390

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	041394622		
23	Legal Name*	Maine Immigrants Rights Coalition		
24	Address Line 1*	1 Marginal Way Fl 2		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Portland		
28	State Code*	ME		
29	Zip+4*	04101-1914		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 390

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	013020685	Verified
22	Identification Number		
23	Legal Name*	PLANET TECHNOLOGIES, INC.	
24	Address Line 1*	20400 OBSERVATION DR STE 107	
25	Address Line 2		
26	Address Line 3		
27	City Name*	GERMANTOWN	
28	State Code*	MD	
29	Zip+4*	20876-4086	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	6	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 391

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	079764996	
23	Legal Name*	Optiv Security Inc.	
24	Address Line 1*	1125 17th St Ste 1700	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Denver	
28	State Code*	CO	
29	Zip+4*	80202-2032	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 392

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	022998669		
23	Legal Name*	Guidesoft Inc.		
24	Address Line 1*	5875 Castle Creek Parkway North Dr Ste 400		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Indianapolis		
28	State Code*	IN		
29	Zip+4*	46250-4329		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	5		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 393

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	142443535	
23	Legal Name*	First Protection Services Inc	
24	Address Line 1*	250 US Route 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Scarborough	
28	State Code*	ME	
29	Zip+4*	04074-8903	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 394

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	025736629	
23	Legal Name*	Vets Securing America	
24	Address Line 1*	1125 W 190th St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Gardena	
28	State Code*	CA	
29	Zip+4*	90248-4303	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	43	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 395

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	104298338		
23	Legal Name*	Maine Staffing Group		
24	Address Line 1*	22 Parkers Way		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Brunswick		
28	State Code*	ME		
29	Zip+4*	04011-7548		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 396

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	CV0116F21	
23	Legal Name*	LP Poirer & Son Inc	
24	Address Line 1*	1331 Sabattus St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Lewiston	
28	State Code*	ME	
29	Zip+4*	04240-2115	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input checked="" type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 397

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	044064900		Verified
22	Identification Number			
23	Legal Name*	COASTAL MAINE BOTANICAL GARDENS, INC		
24	Address Line 1*	132 BOTANICAL GARDEN DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BOOTHBAY		
28	State Code*	ME		
29	Zip+4*	04537		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 398

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	155329618	Verified
22	Identification Number		
23	Legal Name*	AROOSTOOK AREA AGENCY ON AGING INC.	
24	Address Line 1*	260 MAIN ST STE B	
25	Address Line 2		
26	Address Line 3		
27	City Name*	PRESQUE ISLE	
28	State Code*	ME	
29	Zip+4*	04769-2878	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 399

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	071750426	Verified
22	Identification Number		
23	Legal Name*	UNIVERSITY OF MAINE SYSTEM	
24	Address Line 1*	5703 ALUMNI HALL SUITE 101	
25	Address Line 2		
26	Address Line 3		
27	City Name*	ORONO	
28	State Code*	ME	
29	Zip+4*	04469-5703	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 400

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	186361127		Verified
22	Identification Number			
23	Legal Name*	MAINE COMMUNITY COLLEGE SYSTEM		
24	Address Line 1*	323 STATE ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	AUGUSTA		
28	State Code*	ME		
29	Zip+4*	04330-7131		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 401

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	056245623	
23	Legal Name*	Becket Academy	
24	Address Line 1*	347 Waterville Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Norridgewock	
28	State Code*	ME	
29	Zip+4*	04957-3004	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 402

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	141943543		Verified
22	Identification Number			
23	Legal Name*	DAMARISCOTTA, TOWN OF		
24	Address Line 1*	21 SCHOOL ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DAMARISCOTTA		
28	State Code*	ME		
29	Zip+4*	04543-4615		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 403

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	080251431	
23	Legal Name*	Evolution Labs, Inc	
24	Address Line 1*	83 South St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Morristown	
28	State Code*	NJ	
29	Zip+4*	07960-4105	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	11	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 404

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	116607742		Verified
22	Identification Number			
23	Legal Name*	SOUTHERN MAINE ADMINISTRATIVE COLLABORATIVE		
24	Address Line 1*	18 MAPLEWOOD AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BIDDEFORD		
28	State Code*	ME		
29	Zip+4*	04005-2110		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 405

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	086104550		
23	Legal Name*	Redfin Solutions		
24	Address Line 1*	619 Brighton Ave Ste 103		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Portland		
28	State Code*	ME		
29	Zip+4*	04102-2373		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 406

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	968904698	Verified
22	Identification Number		
23	Legal Name*	CELLCO PARTNERSHIP	
24	Address Line 1*	ONE VERIZON WAY	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BASKING RIDGE	
28	State Code*	NJ	
29	Zip+4*	07920-1025	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	7	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 407

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	118239292	Verified
22	Identification Number		
23	Legal Name*	UNITED STATES CELLULAR CORPORATION	
24	Address Line 1*	8410 W BRYN MAWR AVE STE 700	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CHICAGO	
28	State Code*	IL	
29	Zip+4*	60631-3463	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	9	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 408

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	107212169	Verified
22	Identification Number		
23	Legal Name*	VERIZON COMMUNICATIONS INC.	
24	Address Line 1*	1095 AVE OF THE AMERICAS	
25	Address Line 2		
26	Address Line 3		
27	City Name*	NEW YORK	
28	State Code*	NY	
29	Zip+4*	10036-6797	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	12	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 394

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	071746630	Verified
22	Identification Number		
23	Legal Name*	MAINE MARITIME ACADEMY	
24	Address Line 1*	1 PLEASANT ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CASTINE	
28	State Code*	ME	
29	Zip+4*	04420-5000	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Contractor Name 3

34	Sub-Recipient Organization (Contractor)*	MCKINSEY & COMPANY, INC. WASHINGTON D.C.-825229318		
35	Contract Number*	2020*3895		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$4,976,000.00		
38	Contract Date *	06/15/2020		
39	Period of Performance Start Date *	06/15/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	45 Commerce Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-7889		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	The Department of Labor is contracting with McKinsey & Company for analysis and recommendations on the Unemployment Insurance program operations. The COVID-19 pandemic has underscored operational issues concerning data availability, reporting, and processing of Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation claims. As a result of this agreement, the Department will improve timeliness and efficiency of operations, reduce incidence of fraud, improve accuracy of claims processing, increase transparency regarding the status of unemployment claims, create and maintain optimal communications and reporting plans.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV033F20-1 - DOL McKinsey Contract 1	\$0.00	\$1,780,000.00	\$0.00	\$1,780,000.00
Line 2	CV0103F1 - DOL McKinsey Contract 2	\$3,196,000.00	\$3,196,000.00	\$3,196,000.00	\$3,196,000.00
Total		\$3,196,000.00	\$4,976,000.00	\$3,196,000.00	\$4,976,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV033F20-1 - DOL McKinsey Contract 1	06/15/2020	06/30/2020	\$356,000.00	Administrative Expenses	
Line 2	CV033F20-1 - DOL McKinsey Contract 1	07/01/2020	09/30/2020	\$1,424,000.00	Administrative Expenses	
Total:						\$1,780,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0103F1 - DOL McKinsey Contract 2	10/01/2020	12/30/2020	\$3,196,000.00	Administrative Expenses		
Total:							\$3,196,000.00

Sub Screen: Contractor Name 2

34	Sub-Recipient Organization (Contractor)*	Atlantic Staffing & Payroll Services-831749648		
35	Contract Number*	CT 20200407000000010114 and CT 20200505000000010916		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$163,520.00		
38	Contract Date *	04/01/2020		
39	Period of Performance Start Date *	04/01/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	35 Anthony Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6137		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	This contract is for temporary staffing positions which are needed to assist with the mitigation and treatment of COVID-19. Staffing 1: The main purpose of the job is to update and maintain modeling of the spread of COVID-19 in Maine and the resources required to treat those positive cases. Staffing 2: Assist the Department in the short term and long term planning, strategy and procurement of PPE. Includes developing goals, strategies, procurement plans, risk mitigation strategies and procurement partnerships.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0023F20 - DHHS Temp Staff	\$0.00	\$163,520.00	\$36,048.00	\$79,906.00
Total		\$0.00	\$163,520.00	\$36,048.00	\$79,906.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0023F20 - DHHS Temp Staff	04/01/2020	06/30/2020	\$43,858.00	Administrative Expenses	
Total:						\$43,858.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0023F20 - DHHS Temp Staff	10/01/2020	12/30/2020	\$36,048.00	Administrative Expenses		
Total:							\$36,048.00

Sub Screen: Contractor Name 3

34	Sub-Recipient Organization (Contractor)*	Ethos Marking & Design-833646636		
35	Contract Number*	CT 2018022800000002563		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$350,000.00		
38	Contract Date *	05/01/2020		
39	Period of Performance Start Date *	05/01/2020		
40	Period of Performance End Date *	09/30/2021		
41	Primary Place of Performance Address Line 1 *	17 Ash St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Westbrook		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04092-3452		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Public Service Announcements for reopening state services due to COVID 19 interruption of services- includes creative concept development; public relations/social content development and execution; creative costs (design & production); develop videos and purchase traditional and digital media; interactive- design and develop website		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0023F20-1 - DHHS PSA	\$100,000.00	\$350,000.00	\$45,001.00	\$88,847.00
Total		\$100,000.00	\$350,000.00	\$45,001.00	\$88,847.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0023F20-1 - DHHS PSA	05/01/2020	06/30/2020	\$250,000.00	Public Health Expenses	
Line 2	CV0023F20-1 - DHHS PSA	07/01/2020	09/30/2020	\$-206,154.00	Public Health Expenses	
Total:						\$43,846.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0023F20-1 - DHHS PSA	10/01/2020	12/30/2020	\$45,001.00	Items Not Listed Above	COVID Public Health Broadcasting	
Total:							\$45,001.00

Sub Screen: Contractor Name 5

34	Sub-Recipient Organization (Contractor)*	SAVILINX, LLC-078805217		
35	Contract Number*	2020*777		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$2,818,697.40		
38	Contract Date *	04/01/2020		
39	Period of Performance Start Date *	04/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	45 Commerce Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-7889		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	This contract includes the cost of a call center to respond to the increased number of calls regarding unemployment due to people losing their employment as a result of COVID-19.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV033F20 - DOL UI Call Center Support	\$-1,363,139.60	\$2,818,697.40	\$-63,998.76	\$2,818,697.40
Total		\$-1,363,139.60	\$2,818,697.40	\$-63,998.76	\$2,818,697.40

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV033F20 - DOL UI Call Center Support	04/01/2020	06/30/2020	\$1,341,859.16	Administrative Expenses	
Line 2	CV033F20 - DOL UI Call Center Support	07/01/2020	09/30/2020	\$1,540,837.00	Administrative Expenses	
Total:						\$2,882,696.16

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV033F20 - DOL UI Call Center Support	10/01/2020	12/30/2020	\$-63,998.76	Administrative Expenses		
Total:							\$-63,998.76

Sub Screen: Contractor Name 5

34	Sub-Recipient Organization (Contractor)*	MPX-832042571		
35	Contract Number*	MA 18P 140330*0111		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$205,083.00		
38	Contract Date *	03/01/2017		
39	Period of Performance Start Date *	03/02/2020		
40	Period of Performance End Date *	06/30/2020		
41	Primary Place of Performance Address Line 1 *	2301 Congress St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Portland		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04102-1907		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	The cost of postage and printing for mailing items related to unemployment compensation in response to the increased number of unemployment claims due to COVID-19 interruption or closure of services.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV033F20 - DOL UI Call Center Support	\$0.00	\$205,083.00	\$0.00	\$205,083.00
Total		\$0.00	\$205,083.00	\$0.00	\$205,083.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV033F20 - DOL UI Call Center Support	04/01/2020	06/30/2020	\$200,633.00	Administrative Expenses	
Line 2	CV033F20 - DOL UI Call Center Support	07/01/2020	09/30/2020	\$4,450.00	Administrative Expenses	
Total:						\$205,083.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$0.00			
Total:							\$0.00

Sub Screen: Contractor Name 6

34	Sub-Recipient Organization (Contractor)*	GETWELLNETWORK, INC.-105224849		
35	Contract Number*	CT 2020072300000000258		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$500,000.00		
38	Contract Date *	08/10/2020		
39	Period of Performance Start Date *	08/10/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	7700 Old Georgetown Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Bethesda		
45	Primary Place of Performance State Code *	MD		
46	Primary Place of Performance Zip+4 *	20814-6100		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	8		
50	Contract Description *	Keep Maine Healthy - COVID-19 Symptom Checker and Pledge		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0071F21 - DECD Application Development with MTI	\$0.00	\$500,000.00	\$500,000.00	\$500,000.00
Total		\$0.00	\$500,000.00	\$500,000.00	\$500,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0071F21 - DECD Application Development with MTI	10/01/2020	12/30/2020	\$500,000.00	Items Not Listed Above	Development of symptom checker	
Total:						\$500,000.00	

Sub Screen: Contractor Name 8

34	Sub-Recipient Organization (Contractor)*	Stratosphere Technical Consulting, LLC-111734496		
35	Contract Number*	CT 18B 20180928*1171		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$138,600.00
38	Contract Date *	08/24/2020		
39	Period of Performance Start Date *	08/26/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall Street - Cross Office Building		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04333-0001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	ENHANCEMENTS TO MAINEPAYS to facilitate a paperless process for journals and internal billings for remote work.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0090F21 - DAFS MainePays Enhancements	\$37,450.00	\$138,600.00	\$78,260.00	\$78,260.00
Total		\$37,450.00	\$138,600.00	\$78,260.00	\$78,260.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0090F21 - DAFS MainePays Enhancements	08/26/2020	12/30/2020	\$78,260.00	Improve Telework Capabilities of Public Employees		
Total:							\$78,260.00

Sub Screen: Contractor Name 9

34	Sub-Recipient Organization (Contractor)*	CATHOLIC CHARITIES MAINE-804432805		
35	Contract Number*	COM-20-4011		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$320,000.00		
38	Contract Date *	07/22/2020		
39	Period of Performance Start Date *	07/22/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	307 Congress St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Portland		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04101-3638		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	<p>1. Psychosocial care psychological and emotional first aid. This service assures that the person, family, and community can understand the need for the public health response and are provided support to address the associated uncertainties and fears. 2. Housing to assure safe quarantine and isolation for patient/contact safety and to prevent transmission of the virus. Housing services are to be provided by Maine State Housing Authority. 3. Food security and support assure food is available for all in persons in isolation/quarantine. If not link to support for shopping and delivery, meals on wheels, or other mechanisms to provide food. 4. Health prevention activities and medical referral available as needed in situations where symptoms occur or worsen. This includes cases and controls and will require collaboration with Maine CDC to assure information is seamlessly and confidentially shared. In some cases, providing thermometers and masks may be undertaken. 5. Communication and social mobilization to assure that a community and its representative agencies are aware of COVID pandemic prevention and response actions and to prevent stigmatization or harms to all persons. 6. Address transportation needs. 7. Provide interpreter and cultural brokering services.</p>		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0059F21 - DHHS CAP Agency	\$135,020.50	\$320,000.00	\$72,662.95	\$257,642.45
Total		\$135,020.50	\$320,000.00	\$72,662.95	\$257,642.45

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0059F21 - DHHS CAP Agency	07/22/2020	09/30/2020	\$1,634.23	Administrative Expenses	
Line 2	CV0059F21 - DHHS CAP Agency	07/22/2020	09/30/2020	\$13,381.53	COVID-19 Testing and Contact Tracing	
Line 3	CV0059F21 - DHHS CAP Agency	07/22/2020	09/30/2020	\$169,963.74	Items Not Listed Above	2nd tier sub-recipient awards
Total:						\$184,979.50

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0059F21 - DHHS CAP Agency	10/01/2020	12/30/2020	\$2,327.42	Administrative Expenses		
Line 2	CV0059F21 - DHHS CAP Agency	10/01/2020	12/30/2020	\$19,350.62	COVID-19 Testing and Contact Tracing		
Line	CV0059F21 - DHHS	10/01/2020	12/30/2020	\$50,984.91		Other	

3	CAP Agency				Items Not Listed Above		
Total:							\$72,662.95

Sub Screen: Contractor Name 10

34	Sub-Recipient Organization (Contractor)*	COMMUNITY CONCEPTS, INCORPORATED-086887056		
35	Contract Number*	COM-20-4002		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$116,000.00		
38	Contract Date *	06/01/2020		
39	Period of Performance Start Date *	06/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	24 Bates St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Lewiston		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04240-7604		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	To provide Social Support services for individuals who must quarantine or isolate due to COVID-19. Social Support includes psychosocial care, housing, food related support, health prevention activities, transportation related services, outreach and education regarding COVID-19 and other activities.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0059F21 - DHHS CAP Agency	\$108,251.14	\$116,000.00	\$14,283.93	\$22,032.79
Total		\$108,251.14	\$116,000.00	\$14,283.93	\$22,032.79

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$1,824.27	Administrative Expenses	
Line 2	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$910.70	Food Programs	
Line 3	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$5,013.89	Items Not Listed Above	CLIENT TRANSPORTATION
Total:						\$7,748.86

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0059F21 - DHHS CAP Agency	10/01/2020	12/30/2020	\$12,179.65	Administrative Expenses		
Line 2	CV0059F21 - DHHS CAP Agency	10/01/2020	12/30/2020	\$2,104.28	Food Programs		
Total:							\$14,283.93

Sub Screen: Contractor Name 11

34	Sub-Recipient Organization (Contractor)*	MIDCOAST MAINE COMMUNITY ACTION-77464014		
35	Contract Number*	COM-20-4001		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$70,097.00		
38	Contract Date *	06/01/2020		
39	Period of Performance Start Date *	06/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	34 Wing Farm Pkwy		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Bath		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04530-1515		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	To support clients with positive COVID-19 test results and in quarantine or awaiting test results ordered to quarantine.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0059F21 - DHHS CAP Agency	\$68,403.00	\$70,097.00	\$5,756.74	\$7,450.74
Total		\$68,403.00	\$70,097.00	\$5,756.74	\$7,450.74

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$1,228.00	Administrative Expenses	
Line 2	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$305.00	Food Programs	
Line 3	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$161.00	Items Not Listed Above	INDIRECT
Total:						\$1,694.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0059F21 - DHHS CAP Agency	10/01/2020	12/30/2020	\$3,308.27	Administrative Expenses		
Line 2	CV0059F21 - DHHS CAP Agency	10/01/2020	12/30/2020	\$1,876.02	Food Programs		
Line 3	CV0059F21 - DHHS CAP Agency	10/01/2020	12/30/2020	\$572.45	Items Not Listed Above	Indirect	
Total:							\$5,756.74

Sub Screen: Contractor Name 12

34	Sub-Recipient Organization (Contractor)*	THE OPPORTUNITY ALLIANCE-65270445		
35	Contract Number*	COM-20-4005		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$129,000.00		
38	Contract Date *	06/01/2020		
39	Period of Performance Start Date *	06/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	50 Lydia Ln		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	South Portland		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04106-2156		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	CAP Social Supports for COVID		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0059F21 - DHHS CAP Agency	\$113,939.63	\$129,000.00	\$17,679.19	\$32,739.56
Total		\$113,939.63	\$129,000.00	\$17,679.19	\$32,739.56

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$1,101.47	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 2	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$12,930.17	Food Programs	
Line 3	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$1,028.73	Housing Support	
Total:						\$15,060.37

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0059F21 - DHHS CAP Agency	10/01/2020	12/30/2020	\$1,321.39	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Line 2	CV0059F21 - DHHS CAP Agency	10/01/2020	12/30/2020	\$16,357.80	Food Programs		
Total:							\$17,679.19

Sub Screen: Contractor Name 13

34	Sub-Recipient Organization (Contractor)*	Carahsoft Technology Corp-794426655		
35	Contract Number*	CT2020*11853		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$182,160.00		
38	Contract Date *	06/02/2020		
39	Period of Performance Start Date *	06/02/2020		
40	Period of Performance End Date *	05/31/2021		
41	Primary Place of Performance Address Line 1 *	45 Commerce Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-7889		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Provides website services		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0079F21 - DOL Google Contract	\$0.00	\$182,160.00	\$182,160.00	\$182,160.00
Total		\$0.00	\$182,160.00	\$182,160.00	\$182,160.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0079F21 - DOL Google Contract	10/01/2020	12/30/2020	\$182,160.00	Administrative Expenses		
Total:							\$182,160.00

Sub Screen: Contractor Name 14

34	Sub-Recipient Organization (Contractor)*	Dxc Ms LLc-117261397		
35	Contract Number*	CT 2020*0963		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$443,146.00		
38	Contract Date *	06/15/2020		
39	Period of Performance Start Date *	06/15/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	1775 Tysons Blvd Ste 900		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Tysons		
45	Primary Place of Performance State Code *	VA		
46	Primary Place of Performance Zip+4 *	22102-4285		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	11		
50	Contract Description *	Provide imaging services		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV033F20 - DOL UI Call Center Support	\$0.00	\$443,146.00	\$0.00	\$53,882.00
Total		\$0.00	\$443,146.00	\$0.00	\$53,882.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV033F20 - DOL UI Call Center Support	07/01/2020	09/30/2020	\$53,882.00	Administrative Expenses	
Total:						\$53,882.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$0.00			
Total:							\$0.00

Sub Screen: Contractor Name 15

34	Sub-Recipient Organization (Contractor)*	The HB Group, LLC-VC0000241		
35	Contract Number*	BPO 18P 20200424*0887		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$762,575.00		
38	Contract Date *	06/02/2020		
39	Period of Performance Start Date *	06/02/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Isolation Gowns and Suites for DHHS CDC (COVID-19)- the amount is 25% of the contract. The other 75% is funded by FEMA.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0034F20 - DVEM FEMA Match	\$00	\$762,575.00	\$00	\$762,575.00
Total		\$00	\$762,575.00	\$00	\$762,575.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0034F20 - DVEM FEMA Match	07/01/2020	09/30/2020	\$762,575.00	Personal Protective Equipment	
Total:						\$762,575.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

Sub Screen: Contractor Name 16

34	Sub-Recipient Organization (Contractor)*	BIDDEFORD, CITY OF-126268981		
35	Contract Number*	COM-20-3007		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$64,050.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	152 Alfred St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Biddeford		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04005-3249		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal Covid19 awareness campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$48,312.01	\$64,050.00	\$47,117.21	\$62,855.20
Total		\$48,312.01	\$64,050.00	\$47,117.21	\$62,855.20

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$12,621.49	Food Programs	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$316.50	Public Health Expenses	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$2,800.00	Items Not Listed Above	Design for social distancing
Total:						\$15,737.99

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$47,117.21	Items Not Listed Above	Covid Awareness and Education	
Total:							\$47,117.21

Sub Screen: Contractor Name 17

34	Sub-Recipient Organization (Contractor)*	Town of Topsham-09363414		
35	Contract Number*	COM-21-3125 CT 10A 20200820*0629		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$251,146.25		
38	Contract Date *	08/01/2020		
39	Period of Performance Start Date *	08/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	100 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Topsham		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04086-1209		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Keep Maine Healthy 2020 Municipal COVID19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$156,525.48	\$251,146.25	\$129,544.56	\$224,165.33
Total		\$156,525.48	\$251,146.25	\$129,544.56	\$224,165.33

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/01/2020	09/30/2020	\$6,466.23	Administrative Expenses	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/01/2020	09/30/2020	\$21,857.10	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/01/2020	09/30/2020	\$33,399.49	Payroll for Public Health and Safety Employees	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/01/2020	09/30/2020	\$9,559.95	Personal Protective Equipment	
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/01/2020	09/30/2020	\$23,338.00	Items Not Listed Above	Repair/Maintenance to improve Public Health Safety
Total:						\$94,620.77

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	Delete
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$2,509.80	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$7,286.20	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 3	CV0056F21 - DHHS Local Gov- Public	10/01/2020	12/30/2020	\$20,099.44	Payroll for Public Health and		

	Health Campaign				Safety Employees		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$2,806.03	Personal Protective Equipment		
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$96,843.09	Public Health Expenses		
Total:							\$129,544.56

Sub Screen: Contractor Name 18

34	Sub-Recipient Organization (Contractor)*	ORONO, TOWN OF-957935406		
35	Contract Number*	COM-20-3053 10A 20200709*0118		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$75,426.30		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	59 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Orono		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04473-4001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	COVID Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$55,450.40	\$75,426.30	\$47,378.96	\$67,354.86
Total		\$55,450.40	\$75,426.30	\$47,378.96	\$67,354.86

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$7,801.00	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$12,174.90	Items Not Listed Above	COVID educational signs, sanitizing equipment, security guards for Nadeau-Savoy Park to ensure social distancing
Total:						\$19,975.90

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$4,372.96	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$43,006.00	Items Not Listed Above	External Message Center, Masks, Electrostatic Disinfectant Sprayers, Mask Disposal Receptacles, Sanitizer Bottles for Distribution,	
Total:							\$47,378.96

Sub Screen: Contractor Name 24

34	Sub-Recipient Organization (Contractor)*	City of Sanford-93629723		
35	Contract Number*	COM-20-3067A		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$725,905.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	919 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Sanford		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04073-3545		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$449,736.74	\$725,905.00	\$449,736.74	\$725,905.00
Total		\$449,736.74	\$725,905.00	\$449,736.74	\$725,905.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$276,168.26	Items Not Listed Above	COVID-19 Awareness
Total:						\$276,168.26

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$449,736.74	Items Not Listed Above	Covid Awareness	
Total:						\$449,736.74	

Sub Screen: Contractor Name 25

34	Sub-Recipient Organization (Contractor)*	York County Community Action Corporation-99366536		
35	Contract Number*	COM-20-4009A		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$80,332.00
38	Contract Date *	06/01/2020		
39	Period of Performance Start Date *	06/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	6 Spruce St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Sanford		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04073-2917		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	CAP Social Supports for COVID		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0059F21 - DHHS CAP Agency	\$65,149.72	\$80,332.00	\$49,813.98	\$64,996.26
Total		\$65,149.72	\$80,332.00	\$49,813.98	\$64,996.26

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$1,870.68	Administrative Expenses	
Line 2	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$4,595.58	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 3	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$4,157.82	Food Programs	
Line 4	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$2,334.20	Housing Support	
Line 5	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$2,224.00	Items Not Listed Above	Retrofit for agency vehicle
Total:						\$15,182.28

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0059F21 - DHHS CAP Agency	10/01/2020	12/30/2020	\$3,343.12	Administrative Expenses		
Line 2	CV0059F21 - DHHS CAP Agency	10/01/2020	12/30/2020	\$13,721.55	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 3	CV0059F21 - DHHS CAP Agency	10/01/2020	12/30/2020	\$5,050.61	Food Programs		
Line 4	CV0059F21 - DHHS CAP Agency	10/01/2020	12/30/2020	\$2,791.71	Housing Support		
Line 5	CV0059F21 - DHHS CAP Agency	10/01/2020	12/30/2020	\$24,906.99	Items Not Listed Above	Other	
Total:							\$49,813.98

Sub Screen: Contractor Name 26

34	Sub-Recipient Organization (Contractor)*	TOWN OF BAR HARBOR-144075223		
35	Contract Number*	COM-20-3004		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$159,383.40		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	93 Cottage St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Bar Harbor		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04609-1400		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	COVID19 Outreach and Public Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$49,564.71	\$159,383.40	\$41,807.21	\$151,625.90
Total		\$49,564.71	\$159,383.40	\$41,807.21	\$151,625.90

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$18,645.20	Administrative Expenses	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$91,173.49	Public Health Expenses	
Total:						\$109,818.69

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$39,267.30	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$2,539.91	Public Health Expenses		
Total:							\$41,807.21

Sub Screen: Contractor Name 27

34	Sub-Recipient Organization (Contractor)*	Town of Houlton-77477362		
35	Contract Number*	COM-20-3036A		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$143,643.14		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	21 Water St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Houlton		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04730-2104		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Keep ME Healthy Grant 2020 Municipal COVID-19 Awareness Campaign - Public Education, Physical Distancing & Public Health Support		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$125,277.14	\$143,643.14	\$125,277.14	\$143,643.14
Total		\$125,277.14	\$143,643.14	\$125,277.14	\$143,643.14

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$18,366.00	Items Not Listed Above	Maintenance & Repairs to enclose Town Office Front Desk/Public Education
Total:						\$18,366.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$92,166.26	Public Health Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$33,110.88	Items Not Listed Above	- Outdoor Movie Screen & Equipment for physically distanced public events;Technology; Training/Education (multi-media Ad Campaing)	
Total:							\$125,277.14

Sub Screen: Contractor Name 28

34	Sub-Recipient Organization (Contractor)*	Town of Gorham-0936332		
35	Contract Number*	COM-20-3029		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$127,933.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	75 South St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Gorham		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04038-1737		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Keep Maine Healthy grant administered by the Town of Gorham to provide public health education, physical distancing support and support to local businesses to effectively address the community's response to the COVID-19 pandemic.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$45,482.00	\$127,933.00	\$78,124.00	\$100,179.00
Total		\$45,482.00	\$127,933.00	\$78,124.00	\$100,179.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$2,085.00	Administrative Expenses	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$10,150.00	Payroll for Public Health and Safety Employees	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$8,866.00	Public Health Expenses	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$954.00	Small Business Assistance	
Total:						\$22,055.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$78,124.00	Items Not Listed Above	Covid Awareness and Education	
Total:							\$78,124.00

Sub Screen: Contractor Name 29

34	Sub-Recipient Organization (Contractor)*	Town of Oxford-COM203054		
35	Contract Number*	COM-20-3054		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$85,607.00		
38	Contract Date *	07/22/2020		
39	Period of Performance Start Date *	07/22/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	85 Pleasant St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Oxford		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04270-4205		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Outreach to local businesses and gave information printed from CDC site. Signs placed in parks, playgrounds and other municipal areas. Follow-up on emails sent to visit businesses who were noncompliant		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$71,532.00	\$85,607.00	\$41,171.68	\$55,246.68
Total		\$71,532.00	\$85,607.00	\$41,171.68	\$55,246.68

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/22/2020	09/30/2020	\$13,749.00	Payroll for Public Health and Safety Employees	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/22/2020	09/30/2020	\$120.00	Items Not Listed Above	Materials and supplies
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/22/2020	09/30/2020	\$206.00	Items Not Listed Above	Utilities/Heat
Line 4	0			\$0.00	Select	
Total:						\$14,075.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$2,488.97	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$16,501.94	Public Health Expenses		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$22,180.77	Items Not Listed Above	Utilities and Supplies	
Total:							\$41,171.68

Sub Screen: Contractor Name 30

34	Sub-Recipient Organization (Contractor)*	Town of Poland-79482117		
35	Contract Number*	COM-20-3057		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$79,808.60		
38	Contract Date *	07/22/2020		
39	Period of Performance Start Date *	07/22/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	1231 Maine St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Poland		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04274-7328		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	MUNICIPAL COVID19 AWARENESS		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$74,418.63	\$79,808.60	\$41,178.23	\$46,568.20
Total		\$74,418.63	\$79,808.60	\$41,178.23	\$46,568.20

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/22/2020 09/30/2020	\$56.88	Personal Protective Equipment	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/22/2020 09/30/2020	\$5,001.65	Public Health Expenses	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/22/2020 09/30/2020	\$331.44	Small Business Assistance	
Total:					\$5,389.97

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/11/2020	\$3,137.20	Personal Protective Equipment		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/11/2020	\$21,604.36	Public Health Expenses		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/11/2020	\$5,492.56	Small Business Assistance		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/11/2020	\$10,944.11	Items Not Listed Above	COVID awareness	
Total:						\$41,178.23

Sub Screen: Contractor Name 31

34	Sub-Recipient Organization (Contractor)*	RAYMOND, TOWN OF-097729735		
35	Contract Number*	COM-20-3060		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$80,656.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	401 Webbs Mills Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Raymond		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04071-6331		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$62,883.00	\$80,656.00	\$50,172.00	\$67,945.00
Total		\$62,883.00	\$80,656.00	\$50,172.00	\$67,945.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$17,773.00	Public Health Expenses	
Total:						\$17,773.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	11/30/2020	\$50,172.00	Public Health Expenses		
Total:							\$50,172.00

Sub Screen: Contractor Name 32

34	Sub-Recipient Organization (Contractor)*		MONHEGAN PLANTATION-782263581		
35	Contract Number*		CT 10A 2020070900000000110		
36	Contract Type*		Definitive Contract		
37	Contract Amount*		\$107,410.00		
38	Contract Date *		07/13/2020		
39	Period of Performance Start Date *		07/13/2020		
40	Period of Performance End Date *		12/11/2020		
41	Primary Place of Performance Address Line 1 *		PO BOX 322		
42	Primary Place of Performance Address Line 2				
43	Primary Place of Performance Address Line 3				
44	Primary Place of Performance City Name *		Monhegan		
45	Primary Place of Performance State Code *		ME		
46	Primary Place of Performance Zip+4 *		04852-0322		Verified
47	Primary Place of Performance Country Name *		United States		
48	Primary Place of Performance Country Code *		USA		
49	Primary Place of Performance Congressional District *		1		
50	Contract Description *		Keep Maine Healthy Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$107,410.00	\$56,026.68	\$92,481.80
Total		\$0.00	\$107,410.00	\$56,026.68	\$92,481.80

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/13/2020 - 09/30/2020	\$20,725.16	Payroll for Public Health and Safety Employees	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/13/2020 - 09/30/2020	\$357.04	Personal Protective Equipment	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/13/2020 - 09/30/2020	\$13,333.54	Public Health Expenses	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/13/2020 - 09/30/2020	\$310.88	Unemployment Benefits	
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/13/2020 - 09/30/2020	\$143.00	Workers Compensation	
Line 6	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/13/2020 - 09/30/2020	\$1,585.50	Items Not Listed Above	FICA & Medicare Tax
Total:					\$36,455.12

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 - 12/11/2020	\$28,429.90	Payroll for Public Health and Safety Employees		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 - 12/11/2020	\$8,081.53	Personal Protective Equipment		

Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$16,717.75	Public Health Expenses	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$426.45	Unemployment Benefits	
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$196.17	Workers Compensation	
Line 6	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$2,174.88	Items Not Listed Above	FICA and Medicare tax
Total:						\$56,026.68

Sub Screen: Contractor Name 33

34	Sub-Recipient Organization (Contractor)*	PORTLAND, CITY OF-071747802		
35	Contract Number*	COM -20-3058		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$1,884,959.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	07/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	389 Congress St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Portland		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04101-3566		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Covid Keep Maine Healthy		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$1,705,822.62	\$1,884,959.00	\$1,686,491.57	\$1,865,627.95
Total		\$1,705,822.62	\$1,884,959.00	\$1,686,491.57	\$1,865,627.95

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$152,234.55	Payroll for Public Health and Safety Employees	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$536.43	Personal Protective Equipment	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$26,365.40	Public Health Expenses	
Total:					\$179,136.38

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/30/2020	\$562,643.00	Payroll for Public Health and Safety Employees		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/30/2020	\$133,854.40	Personal Protective Equipment		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/30/2020	\$685,843.17	Public Health Expenses		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/30/2020	\$304,151.00	Items Not Listed Above	Fringe and indirect	
Total:						\$1,686,491.57

Sub Screen: Contractor Name 34

34	Sub-Recipient Organization (Contractor)*	DOVER FOXCROFT, TOWN OF-109310263		
35	Contract Number*	COM-20-3020		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$255,000.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	48 Morton Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Dover Foxcroft		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04426-1180		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Keeping ME Healthy COVID Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$85,208.47	\$255,000.00	\$76,731.51	\$246,523.04
Total		\$85,208.47	\$255,000.00	\$76,731.51	\$246,523.04

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$8,606.33	Payroll for Public Health and Safety Employees	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$146,812.36	Personal Protective Equipment	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$14,372.84	Items Not Listed Above	promotion of program to town and county by piscataquis county chamber
Total:						\$169,791.53

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	Delete	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$3,584.75	Payroll for Public Health and Safety Employees		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$65,560.60	Personal Protective Equipment		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$7,586.16	Items Not Listed Above	promotion of program to town and county by piscataquis county chamber	
Total:							\$76,731.51

Sub Screen: Contractor Name 35

34	Sub-Recipient Organization (Contractor)*	ROCKLAND, CITY OF-057387052		
35	Contract Number*	CT-10A 2020071000000000129		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$99,573.20		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	270 Pleasant St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Rockland		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04841-5305		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Keep ME Healthy Covid Grant		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$99,573.20	\$54,574.20	\$99,573.20
Total		\$0.00	\$99,573.20	\$54,574.20	\$99,573.20

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$2,200.00	Personal Protective Equipment	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$42,799.00	Items Not Listed Above	Wages & Benefits, Material Supplies, Consultants-Direct service & Asset purchases
Total:						\$44,999.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	Delete	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$8,298.69	Personal Protective Equipment		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$46,275.51	Items Not Listed Above	Wages & Benefits, Material Supplies, Consultant-Direct Service & Asset Purchases	
Total:							\$54,574.20

Sub Screen: Contractor Name 36

34	Sub-Recipient Organization (Contractor)*	Town of Southwest Harbor-9939844		
35	Contract Number*	CT 10A 20200707*077		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$97,343.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	26 Village Green Way		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Southwest Harbor		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04679-4226		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$50,686.39	\$97,343.00	\$33,115.68	\$79,772.29
Total		\$50,686.39	\$97,343.00	\$33,115.68	\$79,772.29

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$4,087.22	Administrative Expenses	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$18,436.19	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$4,280.16	Personal Protective Equipment	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$19,853.04	Public Health Expenses	
Total:					\$46,656.61

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/11/2020	\$3,147.02	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/11/2020	\$10,822.79	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/11/2020	\$2,030.66	Personal Protective Equipment		
Line 4	CV0056F21 - DHHS Local Gov- Public	10/01/2020 12/11/2020	\$17,115.21	Public Health Expenses		

	Health Campaign						
Total:							\$33,115.68

Sub Screen: Contractor Name 37

34	Sub-Recipient Organization (Contractor)*	TOWN OF WELLS INC-876442419		
35	Contract Number*	COM-20-3088A		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$180,698.10		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	1563 Post Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Wells		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04090-4519		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Multi-layered approach by the municipality to safeguard and educate the public and staff from the COVID virus.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$44,869.76	\$180,698.10	\$35,787.98	\$171,616.32
Total		\$44,869.76	\$180,698.10	\$35,787.98	\$171,616.32

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$20,526.67	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$15,954.63	Payroll for Public Health and Safety Employees	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$20,697.43	Personal Protective Equipment	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$78,649.61	Items Not Listed Above	other
Total:						\$135,828.34

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	Delete
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$25,313.10	COVID-19 Testing and Contact Tracing		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$2,916.51	Payroll for Public Health and Safety Employees		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$2,537.33	Personal Protective Equipment		
Line 4	CV0056F21 - DHHS Local Gov- Public	10/01/2020	12/11/2020	\$750.00	Public Health Expenses		

	Health Campaign							
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$4,271.04	Items Not Listed Above	COVID Awareness and education		
Total:								\$35,787.98

Sub Screen: Contractor Name 38

34	Sub-Recipient Organization (Contractor)*	OGUNQUIT, TOWN OF-796935815		
35	Contract Number*	CT 10A 2020070900000000116		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$326,628.70		
38	Contract Date *	07/15/2020		
39	Period of Performance Start Date *	07/15/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	23 School St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Ogunquit		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	03907-3734		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$247,676.70	\$326,628.70	\$92,541.83	\$171,493.83
Total		\$247,676.70	\$326,628.70	\$92,541.83	\$171,493.83

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/15/2020	09/30/2020	\$43,840.00	Items Not Listed Above	Personnel Expenses
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/15/2020	09/30/2020	\$3,980.00	Items Not Listed Above	Sub-recipient award
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/15/2020	09/30/2020	\$19,825.00	Items Not Listed Above	Capital Equipment
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/15/2020	09/30/2020	\$508.00	Items Not Listed Above	Maintenance/Minor Repairs
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/15/2020	09/30/2020	\$10,174.00	Items Not Listed Above	Materials/Supplies
Line 6	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/15/2020	09/30/2020	\$625.00	Items Not Listed Above	Miscellaneous Costs
Total:						\$78,952.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$1,969.42	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$66,829.24	Items Not Listed Above	Personnel expenses	

Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$5,966.30	Items Not Listed Above	2nd tier sub-recipient award	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$17,776.87	Items Not Listed Above	Materials and supplies	
Total:							\$92,541.83

Sub Screen: Contractor Name 39

34	Sub-Recipient Organization (Contractor)*	LINCOLN, TOWN OF-137930343		
35	Contract Number*	20200701000000000000		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$59,155.40		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	29 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Lincoln		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04457-1440		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$23,662.40	\$59,155.40	\$25,448.97	\$51,168.71
Total		\$23,662.40	\$59,155.40	\$25,448.97	\$51,168.71

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$14,320.87	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$2,219.18	Personal Protective Equipment	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$7,808.19	Public Health Expenses	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$1,371.50	Small Business Assistance	
Total:					\$25,719.74

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/30/2020	\$14,772.58	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/30/2020	\$6,437.93	Personal Protective Equipment		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/30/2020	\$4,238.46	Public Health Expenses		
Total:						\$25,448.97

Sub Screen: Contractor Name 40

34	Sub-Recipient Organization (Contractor)*		SACO, CITY OF-083185215		
35	Contract Number*		CT 10A 20200702*0049		
36	Contract Type*		Definitive Contract		
37	Contract Amount*		\$123,525.00		
38	Contract Date *		08/19/2020		
39	Period of Performance Start Date *		08/19/2020		
40	Period of Performance End Date *		12/30/2020		
41	Primary Place of Performance Address Line 1 *		300 Main St		
42	Primary Place of Performance Address Line 2				
43	Primary Place of Performance Address Line 3				
44	Primary Place of Performance City Name *		Saco		
45	Primary Place of Performance State Code *		ME		
46	Primary Place of Performance Zip+4 *		04072-1515		Verified
47	Primary Place of Performance Country Name *		United States		
48	Primary Place of Performance Country Code *		USA		
49	Primary Place of Performance Congressional District *		1		
50	Contract Description *		Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$54,056.84	\$123,525.00	\$41,685.79	\$111,153.95
Total		\$54,056.84	\$123,525.00	\$41,685.79	\$111,153.95

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/19/2020	09/30/2020	\$24,607.76	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/19/2020	09/30/2020	\$44,860.40	Personal Protective Equipment	
Total:						\$69,468.16

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$27,900.00	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$8,519.19	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$5,266.60	Public Health Expenses		
Total:							\$41,685.79

Sub Screen: Contractor Name 41

34	Sub-Recipient Organization (Contractor)*	Town of Bethel-83183087		
35	Contract Number*	COM-21-3098		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$130,555.00		
38	Contract Date *	08/01/2020		
39	Period of Performance Start Date *	08/01/2020		
40	Period of Performance End Date *	12/15/2020		
41	Primary Place of Performance Address Line 1 *	19 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Bethel		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04217-4014		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Keep Maine Healthy 2020 Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$130,555.00	\$130,555.00	\$128,132.43	\$128,132.43
Total		\$130,555.00	\$130,555.00	\$128,132.43	\$128,132.43

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/15/2020	\$10,708.66	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/15/2020	\$107,333.77	Public Health Expenses		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/15/2020	\$10,090.00	Items Not Listed Above	Bethel Camber 2nd tier sub-recipient	
Total:							\$128,132.43

Sub Screen: Contractor Name 42

34	Sub-Recipient Organization (Contractor)*	Town of Eliot-22578566		
35	Contract Number*	COM-20-3022		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$61,980.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	1333 State Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Eliot		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	03903-1324		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$6,000.00	\$61,980.00	\$1,774.59	\$43,931.71
Total		\$6,000.00	\$61,980.00	\$1,774.59	\$43,931.71

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$12,232.98	Payroll for Public Health and Safety Employees	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$294.99	Personal Protective Equipment	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$217.15	Items Not Listed Above	Park and Docks Control Facility
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$29,412.00	Items Not Listed Above	Mobile Electronic Signage
Total:						\$42,157.12

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$1,774.59	Items Not Listed Above	Covid Awareness and Education	
Total:							\$1,774.59

Sub Screen: Contractor Name 43

34	Sub-Recipient Organization (Contractor)*	FARMINGTON, TOWN OF-027104140		
35	Contract Number*	CT 10A 2020082600000000723		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$53,142.00
38	Contract Date *	08/01/2020		
39	Period of Performance Start Date *	08/01/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	153 Farmington Falls Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Farmington		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04938-6403		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			2
50	Contract Description *	Purchasing municipal signs, mail flyers, give signs and information to businesses on COVID-19 protection. Purchase PPE and supplies for first responders and employees.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$53,142.00	\$53,142.00	\$48,578.42	\$48,578.42
Total		\$53,142.00	\$53,142.00	\$48,578.42	\$48,578.42

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$8,227.64	Personal Protective Equipment		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$9,986.15	Public Health Expenses		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$30,364.63	Items Not Listed Above	Capital Equipment - Municipal Signs for informing public	
Total:							\$48,578.42

Sub Screen: Contractor Name 44

34	Sub-Recipient Organization (Contractor)*	CAMDEN, TOWN OF-162017743		
35	Contract Number*	COM-20-3012		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$125,310.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	29 Elm St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Camden		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04843-1910		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Keep Maine Healthy 2020 Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$65,466.53	\$125,310.00	\$36,555.66	\$96,399.13
Total		\$65,466.53	\$125,310.00	\$36,555.66	\$96,399.13

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$21,520.44	Administrative Expenses	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$4,381.00	Improve Telework Capabilities of Public Employees	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$13,898.58	Payroll for Public Health and Safety Employees	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$2,281.07	Personal Protective Equipment	
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$17,762.38	Items Not Listed Above	Sanitizer, Cleaning Supplies, Signage, Portable Toilet Rental, Face masks/Gaitors, Hands-Free Toilets
Total:						\$59,843.47

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$4,285.34	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$2,324.60	Improve Telework Capabilities of Public Employees		
Line	CV0056F21 - DHHS	10/01/2020	12/11/2020	\$2,165.69			

3	Local Gov- Public Health Campaign				Payroll for Public Health and Safety Employees	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$2,327.58	Personal Protective Equipment	
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$25,452.45	Items Not Listed Above	Cleaning supplies, portable toilet rentals, cones, barricades, hands-free bathroom facility upgrades to public restrooms, signage, COVID symptom check-in software for employees
Total:						\$36,555.66

Sub Screen: Contractor Name 45

34	Sub-Recipient Organization (Contractor)*	FALMOUTH, TOWN OF-019224260		
35	Contract Number*	COM-20-3025A		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$150,016.20		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	271 Falmouth Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Falmouth		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04105-2005		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Public health and safety education activities, prevention measures (including purchase of PPE and other health and safety supplies), and business support in the wake of the COVID-19 pandemic		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$123,001.13	\$150,016.20	\$93,980.84	\$120,995.91
Total		\$123,001.13	\$150,016.20	\$93,980.84	\$120,995.91

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$8,290.67	Budgeted Personnel and Services Diverted to a Substantially Different Use	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$2,501.71	Personal Protective Equipment	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$16,222.69	Items Not Listed Above	public safely education mailings & promotions, disinfectant clearer & wipes, hand sanitizer, hand sanitizing stations, social distancing signage & barricades, pop up tents & folding tables for expanded outdoor use/social distancing measures
Total:						\$27,015.07

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	Delete
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$93,980.84	Items Not Listed Above	Covid Awareness and Education	
Total:							\$93,980.84

Sub Screen: Contractor Name 46

34	Sub-Recipient Organization (Contractor)*	Town of Rockport-COM213121		
35	Contract Number*	COM-21-3121		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$71,356.00		
38	Contract Date *	08/01/2020		
39	Period of Performance Start Date *	08/01/2020		
40	Period of Performance End Date *	12/15/2020		
41	Primary Place of Performance Address Line 1 *	101 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Rockport		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04856-5963		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Keep ME Healthy Municipality COVID awareness campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$71,356.00	\$71,356.00	\$71,356.00	\$71,356.00
Total		\$71,356.00	\$71,356.00	\$71,356.00	\$71,356.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/15/2020	\$19,406.00	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/15/2020	\$51,950.00	Public Health Expenses		
Total:							\$71,356.00

Sub Screen: Contractor Name 47

34	Sub-Recipient Organization (Contractor)*	Town of Liberty-041691318		
35	Contract Number*	10A 20200825000000000686		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$58,900.00
38	Contract Date *	09/22/2020		
39	Period of Performance Start Date *	09/22/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	7 Water St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Liberty		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04949-3660		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Keep Maine Healthy 2020 Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$57,575.90	\$58,900.00	\$57,207.05	\$58,531.15
Total		\$57,575.90	\$58,900.00	\$57,207.05	\$58,531.15

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	09/22/2020	09/30/2020	\$1,324.10	Payroll for Public Health and Safety Employees	
Total:						\$1,324.10

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$1,376.05	Payroll for Public Health and Safety Employees		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$55,831.00	Public Health Expenses		
Total:							\$57,207.05

Sub Screen: Contractor Name 48

34	Sub-Recipient Organization (Contractor)*	City of Lewiston-60997412		
35	Contract Number*	10A 20200701*0008		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$687,520.20		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	27 Pine St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Lewiston		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04240-7204		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Keep Maine Healthy- Municipal COVID Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$687,520.20	\$475,722.65	\$687,520.20
Total		\$0.00	\$687,520.20	\$475,722.65	\$687,520.20

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$32,935.38	Payroll for Public Health and Safety Employees	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$68,152.77	Personal Protective Equipment	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$42,915.51	Public Health Expenses	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$49,493.89	Items Not Listed Above	ECBO Outreach
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$18,300.00	Items Not Listed Above	Public Health Education
Total:						\$211,797.55

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$34,164.30	Payroll for Public Health and Safety Employees		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$67,345.40	Personal Protective Equipment		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$181,972.49	Public Health Expenses		

Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$20,625.00	Small Business Assistance	
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$105,506.11	Items Not Listed Above	ECBO Outreach
Line 6	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$48,278.37	Items Not Listed Above	Public Health Education
Line 7	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$7,705.75	Payroll for Public Health and Safety Employees	
Line 8	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$9,760.60	Personal Protective Equipment	
Line 9	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$364.63	Items Not Listed Above	Public Health Education
Total:						\$475,722.65

Sub Screen: Contractor Name 49

34	Sub-Recipient Organization (Contractor)*	Town of Winthrop-7468569		
35	Contract Number*	COM-21-3131		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$55,600.00		
38	Contract Date *	08/01/2020		
39	Period of Performance Start Date *	08/01/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	17 Highland Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Winthrop		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04364-1506		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Keep ME Healthy COVID-19 Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$30,600.00	\$55,600.00	\$47,849.17	\$54,184.29
Total		\$30,600.00	\$55,600.00	\$47,849.17	\$54,184.29

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/01/2020	09/30/2020	\$3,812.00	Improve Telework Capabilities of Public Employees	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/01/2020	09/30/2020	\$2,523.12	Personal Protective Equipment	
Total:						\$6,335.12

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$47,849.17	Items Not Listed Above	Covid Awareness and Education	
Total:							\$47,849.17

Sub Screen: Contractor Name 50

34	Sub-Recipient Organization (Contractor)*		Town of Kennebunkport-38495839		
35	Contract Number*		10A 20200702*0044		
36	Contract Type*		Definitive Contract		
37	Contract Amount*		\$123,383.90		
38	Contract Date *		06/08/2020		
39	Period of Performance Start Date *		06/08/2020		
40	Period of Performance End Date *		12/30/2020		
41	Primary Place of Performance Address Line 1 *		6 Elm St		
42	Primary Place of Performance Address Line 2				
43	Primary Place of Performance Address Line 3				
44	Primary Place of Performance City Name *		Kennebunkport		
45	Primary Place of Performance State Code *		ME		
46	Primary Place of Performance Zip+4 *		04046-6155		Verified
47	Primary Place of Performance Country Name *		United States		
48	Primary Place of Performance Country Code *		USA		
49	Primary Place of Performance Congressional District *		1		
50	Contract Description *		Municipal COVID 19 Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$110,387.46	\$123,383.90	\$87.73	\$13,084.17
Total		\$110,387.46	\$123,383.90	\$87.73	\$13,084.17

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$6,854.36	Payroll for Public Health and Safety Employees	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$3,665.10	Personal Protective Equipment	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$984.48	Public Health Expenses	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$1,492.50	Items Not Listed Above	Employee Benefits
Total:						\$12,996.44

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$87.73	Personal Protective Equipment		
Total:							\$87.73

Sub Screen: Contractor Name 51

34	Sub-Recipient Organization (Contractor)*	WESTBROOK, CITY OF-073995102		
35	Contract Number*	COM-20-3089A		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$242,530.00		
38	Contract Date *	07/07/2020		
39	Period of Performance Start Date *	07/07/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	570 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Westbrook		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04092-4114		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$179,953.66	\$242,530.00	\$132,164.31	\$194,740.65
Total		\$179,953.66	\$242,530.00	\$132,164.31	\$194,740.65

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/07/2020 09/30/2020	\$19,284.67	Personal Protective Equipment	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/07/2020 09/30/2020	\$26,666.67	Items Not Listed Above	consultants
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/07/2020 09/30/2020	\$16,625.00	Items Not Listed Above	Capitol Purchases
Total:					\$62,576.34

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	Delete
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/30/2020	\$52,450.16	Personal Protective Equipment		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/30/2020	\$52,133.43	Items Not Listed Above	consultants	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/30/2020	\$16,122.21	Items Not Listed Above	Training/Travel	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/30/2020	\$6,500.00	Items Not Listed Above	Capitol Technology Software	
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020 12/30/2020	\$4,958.51	Items Not Listed Above	Repairs/Maintenance	

Total:

\$132,164.31

Sub Screen: Contractor Name 46

34	Sub-Recipient Organization (Contractor)*		KITTERY, TOWN OF-093629822		
35	Contract Number*		10A 20200702*0045		
36	Contract Type*		Definitive Contract		
37	Contract Amount*		\$359,482.20		
38	Contract Date *		06/08/2020		
39	Period of Performance Start Date *		06/08/2020		
40	Period of Performance End Date *		12/30/2020		
41	Primary Place of Performance Address Line 1 *		200 Rogers Rd		
42	Primary Place of Performance Address Line 2				
43	Primary Place of Performance Address Line 3				
44	Primary Place of Performance City Name *		Kittery		
45	Primary Place of Performance State Code *		ME		
46	Primary Place of Performance Zip+4 *		03904-1460		Verified
47	Primary Place of Performance Country Name *		United States		
48	Primary Place of Performance Country Code *		USA		
49	Primary Place of Performance Congressional District *		1		
50	Contract Description *		Municipal COVID 19 Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$33.20	\$359,482.20	\$122,533.79	\$308,424.00
Total		\$33.20	\$359,482.20	\$122,533.79	\$308,424.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$12,690.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$14,076.00	Facilitating Distance Learning	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$9,797.21	Improve Telework Capabilities of Public Employees	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$23,415.00	Personal Protective Equipment	
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$125,912.00	Public Health Expenses	
Total:						\$185,890.21

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$19,232.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$36,729.00	Facilitating Distance Learning		

Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$6,174.79	Improve Telework Capabilities of Public Employees		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$9,809.00	Personal Protective Equipment		
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$50,589.00	Public Health Expenses		
Total:							\$122,533.79

Sub Screen: Contractor Name 47

34	Sub-Recipient Organization (Contractor)*	IDEXX LABORATORIES, INC.-108183757		
35	Contract Number*	CD0-20-5407		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$2,421,440.00		
38	Contract Date *	04/30/2020		
39	Period of Performance Start Date *	04/30/2020		
40	Period of Performance End Date *	04/30/2021		
41	Primary Place of Performance Address Line 1 *	PO BOX 101327		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Atlanta		
45	Primary Place of Performance State Code *	GA		
46	Primary Place of Performance Zip+4 *	30392-1327		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	Covid 19 Testing Services		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0045F21 - DHHS Idexx Tests	\$1,221,440.00	\$2,421,440.00	\$39,600.00	\$160,320.00
Total		\$1,221,440.00	\$2,421,440.00	\$39,600.00	\$160,320.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0045F21 - DHHS Idexx Tests	07/01/2020	09/30/2020	\$120,720.00	COVID-19 Testing and Contact Tracing	
Total:						\$120,720.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0045F21 - DHHS Idexx Tests	10/01/2020	12/30/2020	\$39,600.00	COVID-19 Testing and Contact Tracing		
Total:							\$39,600.00

Sub Screen: Contractor Name 48

34	Sub-Recipient Organization (Contractor)*	Bath, City of-083178350		
35	Contract Number*	COM-20-3005A		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$135,185.00		
38	Contract Date *	06/01/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	55 Front St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Bath		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04530-2572		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	2020 Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$135,185.00	\$41,041.26	\$98,252.21
Total		\$0.00	\$135,185.00	\$41,041.26	\$98,252.21

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	09/16/2020	09/30/2020	\$303.68	Payroll for Public Health and Safety Employees	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	09/16/2020	09/30/2020	\$35,824.46	Public Health Expenses	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	09/16/2020	09/30/2020	\$543.62	Small Business Assistance	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	09/16/2020	09/30/2020	\$2,544.19	Items Not Listed Above	Payroll for non-public health and safety employees who carried out grant actions
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	09/16/2020	09/30/2020	\$17,995.00	Items Not Listed Above	Public education about COVID-19 health guidelines
Total:						\$57,210.95

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$16,808.66	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$5,292.60	Personal Protective Equipment		
Line 3	CV0056F21 - DHHS Local Gov- Public	10/01/2020	12/11/2020	\$18,940.00	Items Not Listed Above	equipment	

	Health Campaign						
Total:							\$41,041.26

Sub Screen: Contractor Name 51

34	Sub-Recipient Organization (Contractor)*		NORRIDGEWOCK, TOWN OF-837279744		
35	Contract Number*		COM-20-3050		
36	Contract Type*		Definitive Contract		
37	Contract Amount*		\$51,230.00		
38	Contract Date *		06/08/2020		
39	Period of Performance Start Date *		06/08/2020		
40	Period of Performance End Date *		12/30/2020		
41	Primary Place of Performance Address Line 1 *		PO BOX 7		
42	Primary Place of Performance Address Line 2				
43	Primary Place of Performance Address Line 3				
44	Primary Place of Performance City Name *		Norridgewock		
45	Primary Place of Performance State Code *		ME		
46	Primary Place of Performance Zip+4 *		04957-0007		Verified
47	Primary Place of Performance Country Name *		United States		
48	Primary Place of Performance Country Code *		USA		
49	Primary Place of Performance Congressional District *		2		
50	Contract Description *		Municipal COVID-19 Awareness Campaign.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$51,230.00	\$12,681.41	\$25,198.82
Total		\$0.00	\$51,230.00	\$12,681.41	\$25,198.82

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$12,517.41	Public Health Expenses	
Total:						\$12,517.41

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$1,235.78	Personal Protective Equipment		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$11,445.63	Public Health Expenses		
Total:							\$12,681.41

Sub Screen: Contractor Name 52

34	Sub-Recipient Organization (Contractor)*	LISBON, TOWN OF-018713730		
35	Contract Number*	COM-20-3044		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$51,473.80		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	300 Lisbon St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Lisbon		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04250-6813		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$51,473.80	\$18,709.41	\$18,709.41
Total		\$0.00	\$51,473.80	\$18,709.41	\$18,709.41

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$16,661.00	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$2,048.41	Items Not Listed Above	Technology	
Total:							\$18,709.41

Sub Screen: Contractor Name 53

34	Sub-Recipient Organization (Contractor)*	ISLESBORO TOWN OF-197698298		
35	Contract Number*	VC1000037826		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$58,250.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	PO BOX 76		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Islesboro		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04848-0076		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$58,250.00	\$34,639.67	\$48,418.43
Total		\$0.00	\$58,250.00	\$34,639.67	\$48,418.43

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$13,778.76	Public Health Expenses	
Total:						\$13,778.76

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$14,315.00	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$18,693.63	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$1,631.04	Items Not Listed Above	Rental / Maintenance / Technology	
Total:							\$34,639.67

Sub Screen: Contractor Name 54

34	Sub-Recipient Organization (Contractor)*	TOWN OF ROME-009579124		
35	Contract Number*	VC1000079345		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$58,891.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	8 Mercer Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Rome		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04963-3044		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign (contract-COM-20-3063)		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$58,891.00	\$28,369.12	\$30,035.51
Total		\$0.00	\$58,891.00	\$28,369.12	\$30,035.51

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$1,666.39	Public Health Expenses	
Total:						\$1,666.39

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$24.00	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$16,754.54	Public Health Expenses		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$11,590.58	Items Not Listed Above	equipment	
Total:							\$28,369.12

Sub Screen: Contractor Name 55

34	Sub-Recipient Organization (Contractor)*	CHEBEAGUE ISLAND, TOWN OF-797007767		
35	Contract Number*	COM-20-3015		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$65,482.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	14 School House Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Chebeague Island		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04017-3418		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$65,482.00	\$12,500.00	\$12,500.00
Total		\$0.00	\$65,482.00	\$12,500.00	\$12,500.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$12,500.00	Items Not Listed Above	Covid Awareness and Education	
Total:							\$12,500.00

Sub Screen: Contractor Name 56

34	Sub-Recipient Organization (Contractor)*	ELLSWORTH, CITY OF-060987641		
35	Contract Number*	COM-20-3023		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$66,952.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	1 City Hall Plz		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Ellsworth		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04605-1942		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$66,952.00	\$45,709.85	\$45,709.85
Total		\$0.00	\$66,952.00	\$45,709.85	\$45,709.85

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$15,592.15	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$20,000.00	COVID-19 Testing and Contact Tracing		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$9,966.77	Public Health Expenses		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$150.93	Items Not Listed Above	technology	
Total:							\$45,709.85

Sub Screen: Contractor Name 57

34	Sub-Recipient Organization (Contractor)*		BOOTHBAY HARBOR, TOWN OF-052662819		
35	Contract Number*		COM-20-3009		
36	Contract Type*		Definitive Contract		
37	Contract Amount*		\$89,469.80		
38	Contract Date *		06/08/2020		
39	Period of Performance Start Date *		06/08/2020		
40	Period of Performance End Date *		12/11/2020		
41	Primary Place of Performance Address Line 1 *		11 Howard St		
42	Primary Place of Performance Address Line 2				
43	Primary Place of Performance Address Line 3				
44	Primary Place of Performance City Name *		Boothbay Harbor		
45	Primary Place of Performance State Code *		ME		
46	Primary Place of Performance Zip+4 *		04538-1819		Verified
47	Primary Place of Performance Country Name *		United States		
48	Primary Place of Performance Country Code *		USA		
49	Primary Place of Performance Congressional District *		1		
50	Contract Description *		Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$89,469.80	\$33,633.94	\$38,439.59
Total		\$0.00	\$89,469.80	\$33,633.94	\$38,439.59

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$4,805.65	Public Health Expenses	
Total:						\$4,805.65

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$7,613.32	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$7,357.95	Personal Protective Equipment		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$18,662.67	Public Health Expenses		
Total:							\$33,633.94

Sub Screen: Contractor Name 57

34	Sub-Recipient Organization (Contractor)*	BOOTHBAY, TOWN OF-117043140		
35	Contract Number*	COM-20-3008		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$90,760.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	PO BOX 106		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Boothbay		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04537-0106		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$00	\$90,760.00	\$00	\$0.00
Total		\$00	\$90,760.00	\$00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

Sub Screen: Contractor Name 58

34	Sub-Recipient Organization (Contractor)*	HOLLIS TOWN OF-945048861		
35	Contract Number*	COM-20-3035		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$94,474.95		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	34 Town Farm Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Hollis Center		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04042-3538		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$94,474.95	\$41,572.00	\$79,700.05
Total		\$0.00	\$94,474.95	\$41,572.00	\$79,700.05

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$38,128.05	Public Health Expenses	
Total:						\$38,128.05

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$3,417.00	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$5,264.00	Improve Telework Capabilities of Public Employees		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$7,224.00	Personal Protective Equipment		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$25,667.00	Items Not Listed Above	Extra Cleanings, Ramp Railing, Cones & Barricades, Shields, Hand Sanitizer Stands, Sprayers, Cleaners, sanitizers, Paging System, Thermometer	
Total:							\$41,572.00

Sub Screen: Contractor Name 59

34	Sub-Recipient Organization (Contractor)*		BELFAST, CITY OF-831895557		
35	Contract Number*		COM-20-3006		
36	Contract Type*		Definitive Contract		
37	Contract Amount*		\$107,805.90		
38	Contract Date *		06/08/2020		
39	Period of Performance Start Date *		06/08/2020		
40	Period of Performance End Date *		12/11/2020		
41	Primary Place of Performance Address Line 1 *		131 Church St		
42	Primary Place of Performance Address Line 2				
43	Primary Place of Performance Address Line 3				
44	Primary Place of Performance City Name *		Belfast		
45	Primary Place of Performance State Code *		ME		
46	Primary Place of Performance Zip+4 *		04915-6503		Verified
47	Primary Place of Performance Country Name *		United States		
48	Primary Place of Performance Country Code *		USA		
49	Primary Place of Performance Congressional District *		2		
50	Contract Description *		Municipal COVID-19 Awareness Campaign (CT-10A-20200710*0056)		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$107,805.90	\$15,084.64	\$37,910.11
Total		\$0.00	\$107,805.90	\$15,084.64	\$37,910.11

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$22,825.47	Public Health Expenses	
Total:						\$22,825.47

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$1,081.90	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$233.48	Improve Telework Capabilities of Public Employees		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$1,264.26	Personal Protective Equipment		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$12,505.00	Public Health Expenses		
Total:							\$15,084.64

Sub Screen: Contractor Name 61

34	Sub-Recipient Organization (Contractor)*	AUGUSTA, CITY OF-071740468		
35	Contract Number*	COM-20-3002		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$155,442.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	16 Cony St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-5200		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$155,442.00	\$75,234.17	\$75,234.17
Total		\$0.00	\$155,442.00	\$75,234.17	\$75,234.17

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$45,122.99	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$30,111.18	Items Not Listed Above	Wastewater Testing and Kennebec Valley Chamber Outreach Programs	
Total:							\$75,234.17

Sub Screen: Contractor Name 62

34	Sub-Recipient Organization (Contractor)*	WINDHAM, TOWN OF-071745418		
35	Contract Number*	COM-20-3091		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$214,544.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	8 School Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Windham		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04062-4807		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$214,544.00	\$113,516.00	\$113,516.00
Total		\$0.00	\$214,544.00	\$113,516.00	\$113,516.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$113,516.00	Items Not Listed Above	Covid Awareness and Education	
Total:							\$113,516.00

Sub Screen: Contractor Name 63

34	Sub-Recipient Organization (Contractor)*	KENNEBUNK, TOWN OF-097729446		
35	Contract Number*	COM-20-3039		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$231,981.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	1 Summer St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kennebunk		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04043-6641		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$231,981.00	\$79,000.00	\$79,000.00
Total		\$0.00	\$231,981.00	\$79,000.00	\$79,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$79,000.00	Items Not Listed Above	Covid Awareness and Education	
Total:							\$79,000.00

Sub Screen: Contractor Name 63

34	Sub-Recipient Organization (Contractor)*	YORK, TOWN OF-112918060		
35	Contract Number*	COM-20-3093		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$397,931.50		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	186 York St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	York		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	03909-1314		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$397,931.50	\$100,591.73	\$215,701.53
Total		\$0.00	\$397,931.50	\$100,591.73	\$215,701.53

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$115,109.80	Public Health Expenses	
Total:						\$115,109.80

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$24,216.32	Payroll for Public Health and Safety Employees		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$65,099.20	Personal Protective Equipment		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$11,276.21	Public Health Expenses		
Total:							\$100,591.73

Sub Screen: Contractor Name 64

34	Sub-Recipient Organization (Contractor)*	Guilford, Town of-000034239		
35	Contract Number*	COM-20-3030		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$103,863.10		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	PO BOX 355		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Guilford		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04443-0355		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$103,863.10	\$65,941.11	\$84,989.11
Total		\$0.00	\$103,863.10	\$65,941.11	\$84,989.11

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$19,048.00	Public Health Expenses	
Total:						\$19,048.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	Delete	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$8,223.55	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/30/2020	\$57,717.56	Public Health Expenses		
Total:							\$65,941.11

Sub Screen: Contractor Name 64

34	Sub-Recipient Organization (Contractor)*	SCARBOROUGH, TOWN OF-086885340		
35	Contract Number*	COM-20-3068		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$157,910.20		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	12/11/2020		
41	Primary Place of Performance Address Line 1 *	259 US Route 1		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Scarborough		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04074-9525		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$157,910.20	\$93,094.21	\$93,094.21
Total		\$0.00	\$157,910.20	\$93,094.21	\$93,094.21

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0		\$0.00	Select	
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	10/01/2020	12/11/2020	\$93,094.21	Items Not Listed Above	equipment	
Total:							\$93,094.21

Sub Screen: Contractor Name 65

34	Sub-Recipient Organization (Contractor)*	Tri-State Staffing, Inc.-011457061		
35	Contract Number*	21DMF0728R012		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$103,167.00		
38	Contract Date *	03/01/2020		
39	Period of Performance Start Date *	03/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	225 Western Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6159		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Temporary staffing for additional mail processing for the Department of Labor due to an increase in claims as a result of COVID-19.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV033F20 - DOL UI Call Center Support	\$103,167.00	\$103,167.00	\$76,640.00	\$76,640.00
Total		\$103,167.00	\$103,167.00	\$76,640.00	\$76,640.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV033F20 - DOL UI Call Center Support	10/01/2020	12/30/2020	\$76,640.00	Administrative Expenses		
Total:							\$76,640.00

Sub Screen: Contractor Name 66

34	Sub-Recipient Organization (Contractor)*	Sysco Food Service of Northern New England, Inc.-80096954		
35	Contract Number*	MA 18P 1802020000000000085		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$88,953.80
38	Contract Date *	03/01/2020		
39	Period of Performance Start Date *	03/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	25 Tyson Drive		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04333-0001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Additional paper products to assist with an altered dining service where, reduced cafeteria style dining is taking place and room feedings are happening more often due to COVID-19. Could be solely be in room in case of an outbreak at the facility. This would include items such as to go trays, paper cups, disposable dinnerware. Also, additional hand sanitizer stations in Food Service serving, dining and prep areas.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV021F21 - DOC Food Program	\$88,953.80	\$88,953.80	\$55,190.68	\$55,190.68
Total		\$88,953.80	\$88,953.80	\$55,190.68	\$55,190.68

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV021F21 - DOC Food Program	10/01/2020	12/30/2020	\$55,190.68	Food Programs		
Total:							\$55,190.68

Sub Screen: Contractor Name 67

34	Sub-Recipient Organization (Contractor)*	W B Mason CO Inc-090486250		
35	Contract Number*	MA 18P 1904120000000000152		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$88,953.80		
38	Contract Date *	05/01/2019		
39	Period of Performance Start Date *	10/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	25 Tyson Drive		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04333-0001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Additional paper products to assist with an altered dining service where, reduced cafeteria style dining is taking place and room feedings are happening more often. Could be solely be in room in case of an outbreak at the facility. This would include items such as to go trays, paper cups, disposable dinnerware. Also, additional hand sanitizer stations in Food Service serving, dining and prep areas.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV021F21 - DOC Food Program	\$88,953.80	\$88,953.80	\$52,406.51	\$52,406.51
Total		\$88,953.80	\$88,953.80	\$52,406.51	\$52,406.51

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV021F21 - DOC Food Program	10/01/2020	12/30/2020	\$52,406.51	Food Programs		
Total:							\$52,406.51

Sub Screen: Contractor Name 68

34	Sub-Recipient Organization (Contractor)*	Sysco Food Service of Northern New England, Inc.-80096954		
35	Contract Number*	MA 18P 19090900000000000041		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$80,876.84
38	Contract Date *	10/01/2019		
39	Period of Performance Start Date *	10/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	25 Tyson Drive		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04333-0001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	COVID Supplies represent items necessary to insure the safety of the correctional facility due to COVID-19 and are incremental to normal operations.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV021F20-3 - DOC Supplies Related to COVID	\$80,876.84	\$80,876.84	\$80,876.84	\$80,876.84
Total		\$80,876.84	\$80,876.84	\$80,876.84	\$80,876.84

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV021F20-3 - DOC Supplies Related to COVID	10/01/2020	12/30/2020	\$80,876.84	Items Not Listed Above	supplies & goods to combat COVID in resident population	
Total:							\$80,876.84

Sub Screen: Contractor Name 69

34	Sub-Recipient Organization (Contractor)*	PROSPERITYME-829876551		
35	Contract Number*	OFI-21-2014		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$67,460.96		
38	Contract Date *	08/01/2020		
39	Period of Performance Start Date *	08/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	61 Elm St Ste 2		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Portland		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04101-3005		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	The goal of this Initiative is to encourage community-based organizations (CBOs) to implement their own COVID-19 prevention, education and support plans in partnership with DHHS. Funding is available to organizations that support individuals from Black, Indigenous, Latinx, Asian, or New Mainer communities who are disproportionately impacted by COVID-19. Services will be delivered to racially and ethnically diverse communities and fall into three categories of public health services: Public health education activities narrowly focused on COVID-19 Physical distancing and public health prevention activities Culturally appropriate quarantine and isolation support activities		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0088F21 - DHHS Health Equity Improvement Initiative	\$67,460.96	\$67,460.96	\$64,120.85	\$64,120.85
Total		\$67,460.96	\$67,460.96	\$64,120.85	\$64,120.85

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0088F21 - DHHS Health Equity Improvement Initiative	10/01/2020	12/30/2020	\$14,589.85	Administrative Expenses		
Line 2	CV0088F21 - DHHS Health Equity Improvement Initiative	10/01/2020	12/30/2020	\$6,532.01	Personal Protective Equipment		
Line 3	CV0088F21 - DHHS Health Equity Improvement Initiative	10/01/2020	12/30/2020	\$42,998.99	Public Health Expenses		
Total:							\$64,120.85

Sub Screen: Contractor Name 70

34	Sub-Recipient Organization (Contractor)*	ANDROSCOGGIN VALLEY COUNCIL OF GOVERNMENTS-086876661		
35	Contract Number*	CT 19A 20201103*1396		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$14,461,614.54		
38	Contract Date *	09/28/2020		
39	Period of Performance Start Date *	09/28/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	125 Manley Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Auburn		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04210-3632		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Maine businesses/organizations need grant support now to overcome one time and extraordinary losses that have already occurred as a result of a disruption to operations due to the COVID-19 pandemic. The council of governments are contracted to administer these grants.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0091F21 - DECD Business Support	\$14,461,614.54	\$14,461,614.54	\$14,461,614.54	\$14,461,614.54
Total		\$14,461,614.54	\$14,461,614.54	\$14,461,614.54	\$14,461,614.54

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0091F21 - DECD Business Support	09/28/2020	12/30/2020	\$14,461,614.54	Small Business Assistance		
Total:							\$14,461,614.54

Sub Screen: Contractor Name 71

34	Sub-Recipient Organization (Contractor)*	EASTERN MAINE DEVELOPMENT CORPORATION-037714599		
35	Contract Number*	CT 19A 20201103*1395		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$44,326,455.49		
38	Contract Date *	09/28/2020		
39	Period of Performance Start Date *	09/28/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	40 Harlow St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Bangor		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04401-5182		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Maine businesses/organizations need grant support now to overcome one time and extraordinary losses that have already occurred as a result of a disruption to operations due to the COVID-19 pandemic. The council of governments are contracted to administer these grants.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0091F21 - DECD Business Support	\$41,818,385.99	\$41,818,385.99	\$41,818,385.99	\$41,818,385.99
Line 2	CV0151F21 - DECD Business Grant Healthcare	\$2,508,069.50	\$2,508,069.50	\$2,508,069.50	\$2,508,069.50
Total		\$44,326,455.49	\$44,326,455.49	\$44,326,455.49	\$44,326,455.49

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0091F21 - DECD Business Support	09/28/2020	12/30/2020	\$41,818,385.99	Small Business Assistance		
Line 2	CV0151F21 - DECD Business Grant Healthcare	09/28/2020	12/30/2020	\$2,508,069.50	Small Business Assistance		
Total:							\$44,326,455.49

Sub Screen: Contractor Name 72

34	Sub-Recipient Organization (Contractor)*	GREATER PORTLAND COUNCIL OF GOVERNMENTS-077464386		
35	Contract Number*	CT 19A 20201103*1394		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$68,318,681.38		
38	Contract Date *	09/28/2020		
39	Period of Performance Start Date *	09/28/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	970 Baxter Blvd Ste 201		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Portland		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04103-5326		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Maine businesses/organizations need grant support now to overcome one time and extraordinary losses that have already occurred as a result of a disruption to operations due to the COVID-19 pandemic. The council of governments are contracted to administer these grants.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0091F21 - DECD Business Support	\$68,318,681.38	\$68,318,681.38	\$68,318,681.38	\$68,318,681.38
Total		\$68,318,681.38	\$68,318,681.38	\$68,318,681.38	\$68,318,681.38

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0091F21 - DECD Business Support	09/28/2020	12/30/2020	\$68,318,681.38	Small Business Assistance		
Total:							\$68,318,681.38

Sub Screen: Contractor Name 73

34	Sub-Recipient Organization (Contractor)*	KENNEBEC VALLEY COUNCIL OF GOVERNMENTS-962297925		
35	Contract Number*	CT 19A 20201103*1392		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$13,493,126.80		
38	Contract Date *	09/28/2020		
39	Period of Performance Start Date *	09/28/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	17 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Fairfield		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04937-1119		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Maine businesses/organizations need grant support now to overcome one time and extraordinary losses that have already occurred as a result of a disruption to operations due to the COVID-19 pandemic. The council of governments are contracted to administer these grants.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0091F21 - DECD Business Support	\$13,493,126.80	\$13,493,126.80	\$13,493,126.80	\$13,493,126.80
Total		\$13,493,126.80	\$13,493,126.80	\$13,493,126.80	\$13,493,126.80

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0091F21 - DECD Business Support	09/28/2020	12/30/2020	\$13,493,126.80	Small Business Assistance		
Total:							\$13,493,126.80

Sub Screen: Contractor Name 74

34	Sub-Recipient Organization (Contractor)*	MIDCOAST ECONOMIC DEVELOPMENT DISTRICT-198234036		
35	Contract Number*	CT 19A 20201103*1391		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$33,015,277.78		
38	Contract Date *	09/28/2020		
39	Period of Performance Start Date *	09/28/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	165 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Damariscotta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04543-4649		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Maine businesses/organizations need grant support now to overcome one time and extraordinary losses that have already occurred as a result of a disruption to operations due to the COVID-19 pandemic. The council of governments are contracted to administer these grants.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0091F21 - DECD Business Support	\$33,015,277.78	\$33,015,277.78	\$33,015,277.78	\$33,015,277.78
Total		\$33,015,277.78	\$33,015,277.78	\$33,015,277.78	\$33,015,277.78

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0091F21 - DECD Business Support	09/28/2020	12/30/2020	\$33,015,277.78	Small Business Assistance		
Total:							\$33,015,277.78

Sub Screen: Contractor Name 75

34	Sub-Recipient Organization (Contractor)*	NORTHERN MAINE DEVELOPMENT COMMISSION, INC-847409844		
35	Contract Number*	CT 19A 20201103*1393		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$19,155,433.24		
38	Contract Date *	09/28/2020		
39	Period of Performance Start Date *	09/28/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	PO BOX 779		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Caribou		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04736-0779		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Maine businesses/organizations need grant support now to overcome one time and extraordinary losses that have already occurred as a result of a disruption to operations due to the COVID-19 pandemic. The council of governments are contracted to administer these grants.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0091F21 - DECD Business Support	\$16,545,367.64	\$16,545,367.64	\$16,545,367.64	\$16,545,367.64
Line 2	CV0151F21 - DECD Business Grant Healthcare	\$2,610,065.60	\$2,610,065.60	\$2,610,065.60	\$2,610,065.60
Total		\$19,155,433.24	\$19,155,433.24	\$19,155,433.24	\$19,155,433.24

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0091F21 - DECD Business Support	09/28/2020	12/30/2020	\$16,545,367.64	Small Business Assistance		
Line 2	CV0151F21 - DECD Business Grant Healthcare	09/28/2020	12/30/2020	\$2,610,065.60	Small Business Assistance		
Total:							\$19,155,433.24

Sub Screen: Contractor Name 76

34	Sub-Recipient Organization (Contractor)*	SOUTHERN MAINE PLANNING AND DEVELOPMENT COMMISSION (SMPDC)-166438317		
35	Contract Number*	CT 19A 20201103*1390		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$40,755,171.88		
38	Contract Date *	09/28/2020		
39	Period of Performance Start Date *	09/28/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	110 Main St Ste 1400		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Saco		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04072-3504		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Maine businesses/organizations need grant support now to overcome one time and extraordinary losses that have already occurred as a result of a disruption to operations due to the COVID-19 pandemic. The council of governments are contracted to administer these grants.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0091F21 - DECD Business Support	\$40,755,171.88	\$40,755,171.88	\$40,755,171.88	\$40,755,171.88
Total		\$40,755,171.88	\$40,755,171.88	\$40,755,171.88	\$40,755,171.88

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0091F21 - DECD Business Support	09/28/2020	12/30/2020	\$40,755,171.88	Small Business Assistance		
Total:							\$40,755,171.88

Sub Screen: Contractor Name 77

34	Sub-Recipient Organization (Contractor)*	MAINE TECHNOLOGY INSTITUTE-124399010		
35	Contract Number*	CT 19A 20201124*1616		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$596,706.00		
38	Contract Date *	09/28/2020		
39	Period of Performance Start Date *	09/28/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	8 Venture Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Brunswick		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04011-5037		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	To provide economic support in connection with the COVID public health emergency		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0091F21 - DECD Business Support	\$596,706.00	\$596,706.00	\$593,441.50	\$593,441.50
Total		\$596,706.00	\$596,706.00	\$593,441.50	\$593,441.50

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0091F21 - DECD Business Support	09/28/2020	12/30/2020	\$593,441.50	Small Business Assistance		
Total:							\$593,441.50

Sub Screen: Contractor Name 78

34	Sub-Recipient Organization (Contractor)*	COASTAL ENTERPRISES INC-097742910		
35	Contract Number*	CT 19A 20201204*1707		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$15,000,000.00		
38	Contract Date *	12/04/2020		
39	Period of Performance Start Date *	12/04/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	8 Venture Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Brunswick		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04011-5037		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	To provide economic support in connection with the COVID public health emergency		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0153F21 - DACF Infrastructure	\$15,000,000.00	\$15,000,000.00	\$0.00	\$0.00
Total		\$15,000,000.00	\$15,000,000.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$0.00			
Total:						\$0.00

Sub Screen: Contractor Name 79

34	Sub-Recipient Organization (Contractor)*	COASTAL ENTERPRISES INC-097742910		
35	Contract Number*	CT 01A 20201112-1468		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$500,000.00		
38	Contract Date *	11/04/2020		
39	Period of Performance Start Date *	11/04/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	30 Federal St Ste 100		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Brunswick		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04011-1510		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Agricultural producers have been forced to rapidly and radically shift their business practices in order to survive the loss of regular markets due to Covid-19. Funds will provide economic support for agricultural producers to transition from face-to-face transactions to online sales and order fulfilment.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0134F21 - ACF E-Commerce	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
Total		\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0134F21 - ACF E-Commerce	11/04/2020	12/30/2020	\$500,000.00	Small Business Assistance		
Total:							\$500,000.00

Sub Screen: Contractor Name 80

34	Sub-Recipient Organization (Contractor)*	Presidio Network-VC1000073		
35	Contract Number*	DO 18B 20200611000000011994		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$1,275,736.00		
38	Contract Date *	06/11/2020		
39	Period of Performance Start Date *	06/11/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	51 Commerce Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-7999		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Microsoft Security Suite		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0083F21 - IT Security Tools	\$1,275,736.00	\$1,275,736.00	\$703,724.58	\$703,724.58
Total		\$1,275,736.00	\$1,275,736.00	\$703,724.58	\$703,724.58

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0083F21 - IT Security Tools	06/26/2020	12/30/2020	\$703,724.58	Improve Telework Capabilities of Public Employees		
Total:							\$703,724.58

Sub Screen: Contractor Name 81

34	Sub-Recipient Organization (Contractor)*	SHI INTERNATIONAL CORP.-611429481		
35	Contract Number*	DO 18B 20200611000000011955		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$231,235.00		
38	Contract Date *	06/26/2020		
39	Period of Performance Start Date *	06/26/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	51 Commerce Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-7999		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Cisco Umbrella Security Subscription, 1Yr. Monthly Invoices		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0083F21 - IT Security Tools	\$231,235.00	\$231,235.00	\$118,793.80	\$118,793.80
Total		\$231,235.00	\$231,235.00	\$118,793.80	\$118,793.80

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0083F21 - IT Security Tools	06/26/2020	12/30/2020	\$118,793.80	Improve Telework Capabilities of Public Employees		
Total:							\$118,793.80

Sub Screen: Contractor Name 82

34	Sub-Recipient Organization (Contractor)*	Onix Networking Corp.-80789612		
35	Contract Number*	BPO 2020110400000000428		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$81,750.00
38	Contract Date *	11/05/2020		
39	Period of Performance Start Date *	11/05/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1 Court St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-5625		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	to provide it solutions for covid-19 remote solutions		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0132F21 - JUD Emergency Expenses	\$81,750.00	\$81,750.00	\$81,750.00	\$81,750.00
Total		\$81,750.00	\$81,750.00	\$81,750.00	\$81,750.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0132F21 - JUD Emergency Expenses	11/05/2020	12/30/2020	\$81,750.00	Items Not Listed Above	OIT Solutions for remote court operations	
Total:							\$81,750.00

Sub Screen: Contractor Name 83

34	Sub-Recipient Organization (Contractor)*	GOVCONNECTION, INC.-809678782		
35	Contract Number*	DO 20201222000000004962		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$78,990.00
38	Contract Date *	12/11/2020		
39	Period of Performance Start Date *	12/11/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1 Court St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-5625		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	to provide it solutions for covid-19 remote solutions		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0132F21 - JUD Emergency Expenses	\$78,990.00	\$78,990.00	\$78,990.00	\$78,990.00
Total		\$78,990.00	\$78,990.00	\$78,990.00	\$78,990.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0132F21 - JUD Emergency Expenses	12/11/2020	12/30/2020	\$78,990.00	Items Not Listed Above	OIT solutions for remote court operations	
Total:							\$78,990.00

Sub Screen: Contractor Name 84

34	Sub-Recipient Organization (Contractor)*	GOVCONNECTION, INC.-809678782		
35	Contract Number*	do 20201215000000004753		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$58,640.00		
38	Contract Date *	11/12/2020		
39	Period of Performance Start Date *	12/15/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1 Court St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-5625		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	to provide it solutions for covid-19 remote solutions		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0132F21 - JUD Emergency Expenses	\$58,640.00	\$58,640.00	\$58,640.00	\$58,640.00
Total		\$58,640.00	\$58,640.00	\$58,640.00	\$58,640.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0132F21 - JUD Emergency Expenses	12/15/2020	12/30/2020	\$58,640.00	Items Not Listed Above	OIT solutions for remote court operations	
Total:						\$58,640.00	

Sub Screen: Contractor Name 85

34	Sub-Recipient Organization (Contractor)*	GOVCONNECTION, INC.-809678782		
35	Contract Number*	do 20201228000000005056		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$56,212.00		
38	Contract Date *	12/15/2020		
39	Period of Performance Start Date *	12/15/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	1 Court St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-5625		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	to provide it solutions for covid-19 remote solutions		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0132F21 - JUD Emergency Expenses	\$56,212.00	\$56,212.00	\$56,212.00	\$56,212.00
Total		\$56,212.00	\$56,212.00	\$56,212.00	\$56,212.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0132F21 - JUD Emergency Expenses	12/15/2020	12/30/2020	\$56,212.00	Items Not Listed Above	OIT solutions for remote court operations	
Total:							\$56,212.00

Sub Screen: Contractor Name 86

34	Sub-Recipient Organization (Contractor)*	REV.COM INC-078716014		
35	Contract Number*	20201204*1696		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$62,400.00		
38	Contract Date *	12/18/2020		
39	Period of Performance Start Date *	12/18/2020		
40	Period of Performance End Date *	11/30/2021		
41	Primary Place of Performance Address Line 1 *	1 Court St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-5625		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	to provide closed captioning services for remote services required due to covid-19		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0176F21-1 - JUD Captioning	\$62,400.00	\$62,400.00	\$62,400.00	\$62,400.00
Total		\$62,400.00	\$62,400.00	\$62,400.00	\$62,400.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0176F21-1 - JUD Captioning	12/18/2020	12/30/2020	\$62,400.00	Items Not Listed Above	closed captioning software for remote services due to covid for hearing impaired	
Total:						\$62,400.00	

Sub Screen: Contractor Name 87

34	Sub-Recipient Organization (Contractor)*	CieloGov LLC-116915610		
35	Contract Number*	BPO 18P 20200522*983		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$619,125.12		
38	Contract Date *	05/22/2020		
39	Period of Performance Start Date *	05/22/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	4747 S Loop 289 Ste 210		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Lubbock		
45	Primary Place of Performance State Code *	TX		
46	Primary Place of Performance Zip+4 *	79424-2273		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	19		
50	Contract Description *	Isolation Gowns		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0034F20 - DVEM FEMA Match	\$619,125.12	\$619,125.12	\$619,125.12	\$619,125.12
Total		\$619,125.12	\$619,125.12	\$619,125.12	\$619,125.12

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0034F20 - DVEM FEMA Match	05/22/2020	12/30/2020	\$619,125.12	Personal Protective Equipment		
Total:						\$619,125.12	

Sub Screen: Contractor Name 88

34	Sub-Recipient Organization (Contractor)*	COMPQSOFT, INC.-140460283		
35	Contract Number*	BPO 18P 20200603*1011		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$408,593.75		
38	Contract Date *	05/22/2020		
39	Period of Performance Start Date *	05/22/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Nitrile Disposable Gloves/PPE		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0034F20 - DVEM FEMA Match	\$408,593.75	\$408,593.75	\$408,593.75	\$408,593.75
Total		\$408,593.75	\$408,593.75	\$408,593.75	\$408,593.75

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0034F20 - DVEM FEMA Match	05/22/2020	12/30/2020	\$408,593.75	Personal Protective Equipment		
Total:							\$408,593.75

Sub Screen: Contractor Name 89

34	Sub-Recipient Organization (Contractor)*	JOHNSON & JORDAN, INC.-785537614		
35	Contract Number*	CT 20201211*1857/CT 20201117*1513		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$225,095.00		
38	Contract Date *	11/01/2020		
39	Period of Performance Start Date *	11/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	BGS Building Retrofits for COVID safety/prevention		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0129F21 - DAFS BGS Building Retrofits	\$225,095.00	\$225,095.00	\$225,095.00	\$225,095.00
Total		\$225,095.00	\$225,095.00	\$225,095.00	\$225,095.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0129F21 - DAFS BGS Building Retrofits	11/01/2020	12/30/2020	\$225,095.00	Items Not Listed Above	Bipolar Ionization Generators in HVAC Systems	
Total:						\$225,095.00	

Sub Screen: Contractor Name 90

34	Sub-Recipient Organization (Contractor)*	AAA Energy Service Co.-10119256		
35	Contract Number*	CT 20201117*1518		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$404,018.00		
38	Contract Date *	11/18/2020		
39	Period of Performance Start Date *	11/20/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	4 Commercial Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Scarborough		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04074-9311		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	BGS Building Retrofits for COVID safety/prevention		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0129F21 - DAFS BGS Building Retrofits	\$404,018.00	\$404,018.00	\$404,018.00	\$404,018.00
Total		\$404,018.00	\$404,018.00	\$404,018.00	\$404,018.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0129F21 - DAFS BGS Building Retrofits	11/20/2020	12/30/2020	\$404,018.00	Items Not Listed Above	Rooftop Exhaust Fans & Dehumidifier Install; CFM ERV System	
Total:							\$404,018.00

Sub Screen: Contractor Name 91

34	Sub-Recipient Organization (Contractor)*	Thayer Engineering Co-10818060		
35	Contract Number*	CT 18A 20201027*1317		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$52,280.00
38	Contract Date *	10/27/2020		
39	Period of Performance Start Date *	10/27/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	BGS Building Retrofits for COVID safety/prevention		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0129F21 - DAFS BGS Building Retrofits	\$52,280.00	\$52,280.00	\$52,280.00	\$52,280.00
Total		\$52,280.00	\$52,280.00	\$52,280.00	\$52,280.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0129F21 - DAFS BGS Building Retrofits	10/27/2020	12/30/2020	\$52,280.00	Items Not Listed Above	UV Light Systems	
Total:							\$52,280.00

Sub Screen: Contractor Name 92

34	Sub-Recipient Organization (Contractor)*	PRO MOVING SERVICE-624579152		
35	Contract Number*	DO 20201103*3461		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$319,671.00		
38	Contract Date *	11/03/2020		
39	Period of Performance Start Date *	11/03/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	11 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-5529		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	BGS Building Retrofits for COVID safety/prevention		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0129F21 - DAFS BGS Building Retrofits	\$319,671.00	\$319,671.00	\$319,671.00	\$319,671.00
Total		\$319,671.00	\$319,671.00	\$319,671.00	\$319,671.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0129F21 - DAFS BGS Building Retrofits	11/03/2020	12/30/2020	\$319,671.00	Items Not Listed Above	Furniture purchases and installation	
Total:							\$319,671.00

Sub Screen: Contractor Name 93

34	Sub-Recipient Organization (Contractor)*	DE International Group LLC-035780826		
35	Contract Number*	BPO 18P 20200602*1003		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$583,866.00		
38	Contract Date *	06/02/2020		
39	Period of Performance Start Date *	06/02/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Isolation Gowns		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0034F20 - DVEM FEMA Match	\$583,866.00	\$583,866.00	\$144,965.56	\$144,965.56
Total		\$583,866.00	\$583,866.00	\$144,965.56	\$144,965.56

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0034F20 - DVEM FEMA Match	06/02/2020	12/30/2020	\$144,965.56	Personal Protective Equipment		
Total:							\$144,965.56

Sub Screen: Contractor Name 94

34	Sub-Recipient Organization (Contractor)*	FRC GLOBAL GROUP, LLC-079947148		
35	Contract Number*	BPO 18P 20200505*0907		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$1,995,373.00		
38	Contract Date *	05/05/2020		
39	Period of Performance Start Date *	05/05/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Isolation Gowns		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0034F20 - DVEM FEMA Match	\$1,995,373.00	\$1,995,373.00	\$498,843.25	\$498,843.25
Total		\$1,995,373.00	\$1,995,373.00	\$498,843.25	\$498,843.25

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0034F20 - DVEM FEMA Match	05/05/2020	12/30/2020	\$498,843.25	Personal Protective Equipment		
Total:							\$498,843.25

Sub Screen: Contractor Name 96

34	Sub-Recipient Organization (Contractor)*	Sid Tool Co.-605502913		
35	Contract Number*	BPO 18P 20200424*10627		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$377,450.00		
38	Contract Date *	04/24/2020		
39	Period of Performance Start Date *	04/24/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Nitrile Exam Gloves		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0034F20 - DVEM FEMA Match	\$377,450.00	\$377,450.00	\$94,362.50	\$94,362.50
Total		\$377,450.00	\$377,450.00	\$94,362.50	\$94,362.50

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0034F20 - DVEM FEMA Match	04/24/2020	12/30/2020	\$94,362.50	Personal Protective Equipment		
Total:							\$94,362.50

Sub Screen: Contractor Name 97

34	Sub-Recipient Organization (Contractor)*	NAUTILUS PPE LLC-20200623		
35	Contract Number*	BPO 18P 20200623*1088		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$1,100,000.00		
38	Contract Date *	06/23/2020		
39	Period of Performance Start Date *	06/23/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	463 Water St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Gardiner		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04345-2011		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Blanket Purchase Agreement		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0034F20 - DVEM FEMA Match	\$1,100,000.00	\$1,100,000.00	\$275,000.00	\$275,000.00
Total		\$1,100,000.00	\$1,100,000.00	\$275,000.00	\$275,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0034F20 - DVEM FEMA Match	06/23/2020	12/30/2020	\$275,000.00	Personal Protective Equipment		
Total:							\$275,000.00

Sub Screen: Contractor Name 98

34	Sub-Recipient Organization (Contractor)*	POSITEC USA INC-967950101		
35	Contract Number*	BPO 18P 20200507*0918		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$1,588,344.00		
38	Contract Date *	05/07/2020		
39	Period of Performance Start Date *	05/07/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Disposable Masks		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0032F20 - DAFS Hazard Pay	\$1,588,344.00	\$1,588,344.00	\$397,086.00	\$397,086.00
Total		\$1,588,344.00	\$1,588,344.00	\$397,086.00	\$397,086.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0032F20 - DAFS Hazard Pay	05/07/2020	12/30/2020	\$397,086.00	Personal Protective Equipment		
Total:							\$397,086.00

Sub Screen: Contractor Name 99

34	Sub-Recipient Organization (Contractor)*	TOTAL CARE PPE-117738418		
35	Contract Number*	BPO 18P 20201009*0340		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$436,142.40		
38	Contract Date *	10/09/2020		
39	Period of Performance Start Date *	10/09/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Nitrile Gloves		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0034F20 - DVEM FEMA Match	\$436,142.40	\$436,142.40	\$106,535.60	\$106,535.60
Total		\$436,142.40	\$436,142.40	\$106,535.60	\$106,535.60

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0034F20 - DVEM FEMA Match	10/09/2020	12/30/2020	\$106,535.60	Personal Protective Equipment		
Total:							\$106,535.60

Sub Screen: Contractor Name 100

34	Sub-Recipient Organization (Contractor)*	UWEPORP LLC-081252924		
35	Contract Number*	BPO 18P 20200514*0960		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$747,500.00		
38	Contract Date *	05/14/2020		
39	Period of Performance Start Date *	05/14/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Hand Sanitizer		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0034F20 - DVEM FEMA Match	\$747,500.00	\$747,500.00	\$186,875.00	\$186,875.00
Total		\$747,500.00	\$747,500.00	\$186,875.00	\$186,875.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0034F20 - DVEM FEMA Match	05/14/2020	12/30/2020	\$186,875.00	Personal Protective Equipment		
Total:							\$186,875.00

Sub Screen: Contractor Name 101

34	Sub-Recipient Organization (Contractor)*	VENOUS TECHNOLOGIES INC-080916415		
35	Contract Number*	BPO 18P 20200612*1045		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$1,550,400.00		
38	Contract Date *	06/12/2020		
39	Period of Performance Start Date *	06/12/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	3051 E 46th St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Vernon		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	90058-2421		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	40		
50	Contract Description *	Tyvek Suits		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0034F20 - DVEM FEMA Match	\$1,550,400.00	\$1,550,400.00	\$387,600.00	\$387,600.00
Total		\$1,550,400.00	\$1,550,400.00	\$387,600.00	\$387,600.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0034F20 - DVEM FEMA Match	06/12/2020	12/30/2020	\$387,600.00	Personal Protective Equipment		
Total:							\$387,600.00

Sub Screen: Contractor Name 102

34	Sub-Recipient Organization (Contractor)*	W B Mason CO Inc-090486250		
35	Contract Number*	BPO 18P 20200409*10201		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$2,955,800.00		
38	Contract Date *	04/09/2020		
39	Period of Performance Start Date *	04/09/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Face Masks		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0034F20 - DVEM FEMA Match	\$2,955,800.00	\$2,955,800.00	\$738,950.00	\$738,950.00
Total		\$2,955,800.00	\$2,955,800.00	\$738,950.00	\$738,950.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0034F20 - DVEM FEMA Match	04/09/2020	12/30/2020	\$738,950.00	Personal Protective Equipment		
Total:						\$738,950.00	

Sub Screen: Contractor Name 103

34	Sub-Recipient Organization (Contractor)*	AMERICAN ROOTS WEAR INC-123267097		
35	Contract Number*	BPO 18P 2020042100000000875		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$176,625.00		
38	Contract Date *	04/21/2020		
39	Period of Performance Start Date *	04/21/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Cloth Masks for COVID-19 protection		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0182F21 - DAFS PPE through Central Warehouse	\$176,625.00	\$176,625.00	\$176,625.00	\$176,625.00
Total		\$176,625.00	\$176,625.00	\$176,625.00	\$176,625.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0182F21 - DAFS PPE through Central Warehouse	04/21/2020	12/30/2020	\$176,625.00	Personal Protective Equipment		
Total:							\$176,625.00

Sub Screen: Contractor Name 104

34	Sub-Recipient Organization (Contractor)*	PSI INTERNATIONAL, INC.-088980149		
35	Contract Number*	BPO 18P 20200602000000001000		
36	Contract Type*	Purchase Order		
37	Contract Amount*			\$89,640.00
38	Contract Date *	06/02/2020		
39	Period of Performance Start Date *	06/02/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	11 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-5529		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Nitrile Gloves (COVID-19) for Employee Use		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0182F21 - DAFS PPE through Central Warehouse	\$89,640.00	\$89,640.00	\$89,640.00	\$89,640.00
Total		\$89,640.00	\$89,640.00	\$89,640.00	\$89,640.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0182F21 - DAFS PPE through Central Warehouse	06/02/2020	12/30/2020	\$89,640.00	Personal Protective Equipment		
Total:							\$89,640.00

Sub Screen: Contractor Name 105

34	Sub-Recipient Organization (Contractor)*	W B Mason CO Inc-090486250		
35	Contract Number*	DO 18P 20201119000000003965		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$122,850.00		
38	Contract Date *	11/19/2020		
39	Period of Performance Start Date *	11/19/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	3-Ply Disposable Masks (COVID-19) Statewide/Courts		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0182F21 - DAFS PPE through Central Warehouse	\$122,850.00	\$122,850.00	\$122,850.00	\$122,850.00
Total		\$122,850.00	\$122,850.00	\$122,850.00	\$122,850.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0182F21 - DAFS PPE through Central Warehouse	11/19/2020	12/30/2020	\$122,850.00	Personal Protective Equipment		
Total:							\$122,850.00

Sub Screen: Contractor Name 106

34	Sub-Recipient Organization (Contractor)*	PERFORMANCE SAFETY GROUP, INC.-849171942		
35	Contract Number*	BPO 18P 20200630000000001110		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$2,027,886.00		
38	Contract Date *	06/30/2020		
39	Period of Performance Start Date *	06/30/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Isolation Gowns for DOE PreK-12 (COVID-19)		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0182F21 - DAFS PPE through Central Warehouse	\$2,027,886.00	\$2,027,886.00	\$2,027,886.00	\$2,027,886.00
Total		\$2,027,886.00	\$2,027,886.00	\$2,027,886.00	\$2,027,886.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0182F21 - DAFS PPE through Central Warehouse	06/30/2020	12/30/2020	\$2,027,886.00	Personal Protective Equipment		
Total:							\$2,027,886.00

Sub Screen: Contractor Name 107

34	Sub-Recipient Organization (Contractor)*	Blended Clothing, Inc.-051356064		
35	Contract Number*	BPO 18P 2020070100000000003		
36	Contract Type*	Purchase Order		
37	Contract Amount*	\$233,900.80		
38	Contract Date *	07/01/2020		
39	Period of Performance Start Date *	07/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Clear Mask - White Smile Mask for DOE PreK-12 (COVID-19)		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0182F21 - DAFS PPE through Central Warehouse	\$233,900.80	\$233,900.80	\$233,900.80	\$233,900.80
Total		\$233,900.80	\$233,900.80	\$233,900.80	\$233,900.80

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0182F21 - DAFS PPE through Central Warehouse	07/01/2020	12/30/2020	\$233,900.80	Personal Protective Equipment		
Total:							\$233,900.80