APPLICATION FOR FEDERAL ASSISTANCE
SF - 424 - MANDATORY

* 1.a. Type of Submission:
  ◆ Plan
  ◆ Funding Request
* 1.b. Frequency:
  ◆ Annual
  ◆ Other
* 1.c. Consolidated Application /Plan/Funding Request?
  Explanation:
* 1.d. Version:
  ◆ Initial
  ◆ Resubmission
  ◆ Revision
  ◆ Update

2. Date Received: State Use Only:
3. Applicant Identifier:
4a. Federal Entity Identifier: 5. Date Received By State:
4b. Federal Award Identifier:
6. State Application Identifier:

7. APPLICANT INFORMATION
*a. Legal Name: MAINE
*b. Employer/Taxpayer Identification Number (EIN/TIN): 01-6000001
*c. Organizational DUNS: 809045594
*d. Address:
  * Street 1: Dept of Human Services
  * Street 2: State House Station 11
  * City: AUGUSTA
  * County:
  * State: ME
  * Country: United States
  * Zip / Postal Code: 04330-0011
*e. Organizational Unit:
  Department Name: Department of Health and Human Services
  Division Name: Office of Child and Family Services
f. Name and contact information of person to be contacted on matters involving this application:
  Prefix: * First Name: Christa
  Suffix: Title: Business Services Manager
  * Telephone Number: 2076247921
  Fax Number: * Email: christa.elwell@maine.gov
  * 8a. TYPE OF APPLICANT:
    A: State Government
  b. Additional Description:
  * 9. Name of Federal Agency:
    Administration for Children and Families, Office of Community Services
### 10. CFDA Numbers and Titles

<table>
<thead>
<tr>
<th>CFDA Number</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>93.569</td>
<td>Community Services Block Grant</td>
</tr>
</tbody>
</table>

### 11. Descriptive Title of Applicant's Project

**FY2020 Maine CSBG**

### 12. Areas Affected by Funding:

State of Maine

### 13. CONGRESSIONAL DISTRICTS OF:

<table>
<thead>
<tr>
<th>a. Applicant</th>
<th>b. Program/Project:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1, 2</td>
</tr>
</tbody>
</table>

Attach an additional list of Program/Project Congressional Districts if needed.

### 14. FUNDING PERIOD:

<table>
<thead>
<tr>
<th>a. Start Date:</th>
<th>b. End Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/2019</td>
<td>09/30/2020</td>
</tr>
</tbody>
</table>

### 15. ESTIMATED FUNDING:

<table>
<thead>
<tr>
<th>a. Federal ($)</th>
<th>b. Match ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

- a. This submission was made available to the State under the Executive Order 12372
- b. Program is subject to E.O. 12372 but has not been selected by State for review.
- c. Program is not covered by E.O. 12372.

### 17. Is The Applicant Delinquent On Any Federal Debt?

- [ ] YES
- [x] NO

### 18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

**I Agree

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

### 18a. Typed or Printed Name and Title of Authorized Certifying Official

Christa Elwell

### 18b. Signature of Authorized Certifying Official

![Signature]

### 18c. Telephone (area code, number and extension)

christa.elwell@maine.gov

### 18d. Email Address

christa.elwell@maine.gov

### 18e. Date Report Submitted (Month, Day, Year)

08/30/2019

Attach supporting documents as specified in agency instructions.