APPLICATION FOR FEDERAL ASSISTANCE
SF - 424 - MANDATORY

* 1.a. Type of Submission: Plan
* 1.b. Frequency: Annual
* 1.c. Consolidated Application/Plan/Funding Request?

* 1.d. Version:
- Initial
- Resubmission
- Revision
- Update

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

7. APPLICANT INFORMATION

* a. Legal Name: Maine
* b. Employer/Taxpayer Identification Number (EIN/TIN): 01-6000001
* c. Organizational DUNS: 8090455940000

* d. Address:
- * Street 1: 109 Capitol St.
- * City: Augusta
- * State: ME
- * Country: United States
- * Zip / Postal Code: 04330

* e. Organizational Unit:
- Department Name: Department of Health
- 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
- Middle Name: 
- * Last Name: Elwell
- Suffix: 
- Title: Business Services Manager
- Organizational Affiliation: Office of Child and Family Services
- * Telephone Number: 207-624-7900
- 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

<table>
<thead>
<tr>
<th>Catalog of Federal Domestic Assistance Number:</th>
<th>CFDA Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>93.667</td>
<td>Social Services Block Grant</td>
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11. Descriptive Title of Applicant’s Project
   FY2020 Maine SSBG

12. Areas Affected by Funding:
   State of Maine

13. CONGRESSIONAL DISTRICTS OF:
   * a. Applicant 1
   * b. Program/Project: 1, 2

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

14. FUNDING PERIOD:
   | a. Start Date: 10/01/2019 | b. End Date: 09/30/2020 |

15. ESTIMATED FUNDING:
   | * a. Federal ($): 50 |
   | b. Match ($): 50 |

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
   □ NO

Explanation:

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 | 18c. Telephone (area code, number and extension) |
| 18b. Signature of Authorized Certifying Official | 18d. Email Address |
| 18e. Date Report Submitted (Month, Day, Year) |

Attach supporting documents as specified in agency instructions.