

## Application SF-424M

**Program Name:** Social Services Block Grant

**Grantee Name:** Maine

**Report Name:** Application SF-424M

**Report Period:** 10/01/2021 to 09/30/2022

**Report Status:** Saved

APPLICATION FOR FEDERAL ASSISTANCE SF - 424 - MANDATORY			
OMB APPROVED Control No: 4040-0020 Expires 01/31/2023			
<b>* 1.a. Type of Submission:</b> <input checked="" type="radio"/> Plan <input type="radio"/> Funding Request	<b>* 1.b. Frequency:</b> <input checked="" type="radio"/> Annual <input type="radio"/> Other  * Other (Specify)	<b>* 1.c. Consolidated Application/PI an/Funding Request?</b>  Explanation:	<b>* 1.d. Version: Version 01.1</b> <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		<b>2. Date Received:</b>	<b>State Use Only:</b>
		<b>3. Applicant Identifier:</b>	
		<b>4a. Federal Entity Identifier:</b>	<b>5. Date Received By State:</b>
		<b>4b. Federal Award Identifier:</b>	<b>6. State Application Identifier:</b>
7. APPLICANT INFORMATION			
* a. Legal Name: Maine			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 10160000 01A6		* c. Organizational DUNS: 809045594	
* d. Address:			
* Street 1:	109 Capitol St.	Street 2:	
* City:	AUGUSTA	County:	
* State:	ME	Province:	
* Country:		* Zip / Postal Code:	04333 -
e. Organizational Unit:			
<b>Department Name:</b> Department of Health and Human Services		<b>Division Name:</b> Office of Child and Family Services	
f. Name and contact information of person to be contacted on matters involving this application:			
<b>Prefix:</b>	* First Name: Christa	Middle Name:	* Last Name: Elwell
<b>Suffix:</b>	<b>Title:</b> Business Services Manager	<b>Organizational Affiliation:</b> Office of Child and Family Services	
* Telephone Number: 207-624-7900	<b>Fax Number:</b>	* 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			
		Catalog of Federal Domestic Assistance Number:	CFDA Title:
10. CFDA Numbers and Titles 1	93.667	Social Services Block Grant	
11. Descriptive Title of Applicant's Project			
FFY2022 Maine SSBG			

<b>12. Areas Affected by Funding:</b> State of Maine			
<b>13. CONGRESSIONAL DISTRICTS OF:</b>			
<b>* a. Applicant</b> ME		<b>b. Program/Project:</b> 1, 2	
Attach an additional list of Program/Project Congressional Districts if needed.			
<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
<b>a. Start Date:</b> 10/01/2021	<b>b. End Date:</b> 09/30/2022	<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0
<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
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.			
<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>			
<input type="radio"/> YES			
<input checked="" type="radio"/> NO			
<b>Explanation:</b>			
<b>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)</b>			
**I Agree <input checked="" type="checkbox"/>			
** 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.			
<b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b>		<b>18c. Telephone (area code, number and extension)</b>	
		<b>18d. Email Address</b>	
<b>18b. Signature of Authorized Certifying Official</b>		<b>18e. Date Report Submitted (Month, Day, Year)</b>	
<b>Attach supporting documents as specified in agency instructions.</b>			