

OMB Approval Number: 0348-0061
Expiration Date: 02/28/2022**FEDERAL FINANCIAL REPORT (FFR)**


1. Federal Agency and Org. Element to Which Report is Submitted Administration for Children and Families		2. Federal Grant or Other Identifying Number Assigned By Fed. Agency (To report multiple grants, use FFR Attachment) 2001MESOSR	
3. Recipient Organization (Name and complete address including Zip code)			
4. Grantee Name Maine		Grantee Name2 Department of Human Services	
Grantee Street Address1 221 State House		Grantee Street Address2	
Grantee Street Address3			
Grantee City AUGUSTA	Grantee State ME	Grantee Zip 5 04333	Grantee Zip +4
4a. DUNS Number 809045594	4b. EIN 101600001A6	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 015-10A-022801-SSBG-	6. Report Type <input type="radio"/> QUARTERLY <input type="radio"/> SEMI-ANNUAL <input checked="" type="radio"/> ANNUAL Final Report <input checked="" type="radio"/> NO <input type="radio"/> YES
7. Basis of Accounting <input checked="" type="radio"/> CASH <input type="radio"/> ACCRUAL	8. Project/Grant Period From (Month, Day, Year) 10/01/2019	To: (Month, Day, Year) 09/30/2021	9. Reporting Period End Date (Month, Day, Year) 09/30/2020

Transaction Information

10. TRANSACTIONS	Cumulative
Federal Cash (To report multiple grants, also use FFR attachment):	
a. Cash Receipts	\$10,483,586
b. Cash Disbursements	\$10,209,882
c. Cash on hand (line a minus b)	\$273,704
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$14,222,723
e. Federal share of expenditures	\$10,209,882
f. Federal share of unliquidated obligations	\$1,968,880
g. Total Federal share (sum of line e plus line f)	\$12,178,762
h. Unobligated balance of Federal funds (line d minus g)	\$2,043,961
Recipient Share:	
i. Total recipient share required	\$0
j. Recipient share of expenditures	\$0
k. Remaining recipient share to be provided (line i minus j)	\$0
Program Income:	
l. Total Federal program income earned	\$0
m. Program income expended in accordance with the deduction alternative	\$0
n. Program income expended in accordance with the addition alternative	\$0
o. Unexpended program income (line l minus line m or line n)	\$0

Indirect Expense

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
No. 1	Provisional	100.00%	10/01/2019	09/30/2020	\$36,238	\$36,238	\$36,238
g. Totals:					\$36,238	\$36,238	\$36,238

12. Remarks	
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	
a. Typed or Printed Name and Title of Authorized Certifying Official Sarah J. Gove	c. Telephone (Area code, number and extension)
Certification Title	d. Email address sarah.gove@maine.gov
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 12/21/2020

Report Attachment (For reporting multiple grants)

14. List Information below for each grant covered by this report.	Federal Grant Number	Recipient Account Number	Cumulative Federal Cash Disbursement
No. 1			\$0

Total (Should correspond to the amount on Line 10b)			S0
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