

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration for Children and Families		Form Approved Control No: 4040-0020 Expires:02/08/2026 Version 01.2	
APPLICATION FOR FEDERAL ASSISTANCE SF - 424 - MANDATORY			
* 1.a. Type of Submission: <input checked="" type="radio"/> Plan <input type="radio"/> Funding Request	* 1.b. Frequency: <input checked="" type="radio"/> Annual <input type="radio"/> Other * Other (Specify)	* 1.c. Consolidated Application/Plan/Funding Request? Explanation:	* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> 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):	1016000001A6	* c. Organizational UE I:	GJEPWTMKF5A3
* d. Address:			
* Street 1:	109 Capitol St.	Street 2:	
* City:	Augusta	County:	
* State:	ME	Province:	
* Country:	United States	* Zip / Postal Code:	04333 - 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	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			
	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 FFY2024 Maine SSBG			
12. Areas Affected by Funding: State of Maine			
13. CONGRESSIONAL DISTRICTS OF:			
* a. Applicant ME		b. Program/Project: 1, 2	
Attach an additional list of Program/Project Congressional Districts if needed.			
14. FUNDING PERIOD:		15. ESTIMATED FUNDING:	
a. Start Date: 10/01/2023	b. End Date: 09/30/2024	* a. Federal (\$): \$0	b. Match (\$): \$0
* 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	
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.	
* 17. Is The Applicant Delinquent On Any Federal Debt?	
<input type="radio"/> YES <input checked="" type="radio"/> 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 <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.	
18a. Typed or Printed Name and Title of Authorized Certifying Official	18c. Telephone (area code, number and extension)
	18d. Email Address
18b. Signature of Authorized Certifying Official	18e. Date Report Submitted (Month, Day, Year)
Attach supporting documents as specified in agency instructions.	