

OIG Financial Progress Report

Program Name: Coronavirus Relief Fund

Grantee Name: MAINE, STATE OF

Report Name: OIG Financial Progress Report

Report Period: 07/01/2020 to 09/30/2020

Report Status: Saved -- Validated

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Prime

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)		
Financial Progress Report (FPR) Prime		
1	DUNS Number*	057979312
2	Legal Entity Name *	MAINE, STATE OF
3	Address Line 1 *	1 STATE HOUSE STATION
4	Address Line 2	
5	Address Line 3	
6	City Name *	AUGUSTA
7	State Code *	ME
8	Zip+4 *	04333-0001
11	Country Name *	United States
10	Country Code *	USA
9	Congressional District *	01
12	Recipient Type*	State Government
13	CFDA Number *	21.019
14	Total Coronavirus Relief Funds Received*	\$1,250,000,000.00
15	Point of Contact Name *	DOUGLAS COTNOIR
16	Point of Contact Title *	STATE CONTROLLER
17	Point of Contact Email *	douglas.e.cotnoir@maine.gov
18	Point of Contact Phone *	(207) 626-8428

Projects

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)			
Financial Progress Report(FPR) Projects			
19 A	19 B	19 C	19 D
Project Name*	Project Identification Number*	Description*	Status*
DOC Hazard Pay	CV0020F20	The funds for this project will be used to offset the Department of Corrections increased personal services costs associated with the Coronavirus. Correctional staff are receiving hazard pay while working at a correctional facility due to the increased risk of exposure to the coronavirus.	Completed 50% or more
DOC Child Care	CV0021F20	Several Correctional Staff have been assigned to provide on-site child care to children of Correctional Staff reporting to work. Repurposing employees to respond to COVID-19 is an eligible activity. For the Department of Corrections, it was imperative to keep employees working onsite at the onset of Maines COVID-19 exposure. Because of the closure of statewide day cares, the Department worked quickly and implemented a childcare function at three facilities. Many of the employees in need of childcare are now teleworking.	Fully completed
DOC Child Care & All Other	CV021F20-1	The Department of Corrections provides on-site Child Care to employees reporting to work who do not have child care options due to COVID-19 (centers closed). Expenditures are related to care, snacks and supplies necessary to provide child care services. When the COVID pandemic hit Maine, it was necessary for DOC to implement an on-site childcare function at the facilities since established Child and Day Care centers closed statewide. Number of facilities: 2; Number of children served: approximately 20 (Ages 2-12); Number of employees retained within the facilities due to having the day cares open: over 20. Employees were asked to help with the childcare. Some employees had previous childcare experience. The childcare function ended on May 29, 2020.	Fully completed
DOC Staff Assigned to DOL	CV021F20-2	The Department Of Corrections is providing assistance to the Department of Labor by fielding phone calls to Labor Customer Service Unit. They are repurposing employees to respond to COVID-19 which is an eligible activity. Department of Corrections employees are assisting the Maine Department of Labor remotely from their homes.	Less than 50% completed
DOC Supplies Related to COVID	CV021F20-3	COVID Supplies represent items necessary to insure the safety of the facility due to COVID-19 and are incremental to normal operations. Items include cleaning supplies, cleaning implements, and other office and other supplies required to monitor, track and deal with COVID-19 situations and reporting.	Completed 50% or more
DOC Supplies to Manufacture PPE	CV0021F20-4	Manufacture of PPE (Personal Protective Equipment) for employee use and distribution to the community. PPE production includes masks, gowns and other protective wear.	Less than 50% completed
DOC Personal Protective Equipment	CV0021F20-5	PPE (Personal Protective Equipment) purchased by the Department of Corrections for the safety of employees and prisoners. Items would include masks, gloves, gowns, disinfectant wipe, hand sanitizer and clothing.	Less than 50% completed
DVEM FEMA Match	CV0034F20	Assist local and tribal governments, and other entities that qualify for Federal Emergency Management Agency (FEMA) assistance, with incurred COVID-19 expenses by providing the 25% match against FEMA's Public Assistance Program Major Disaster Declaration for COVID-19. The CRF-based assistance is for eligible expenses incurred on or after March 1, 2020 that FEMA has approved by December 1, 2020.	Less than 50% completed
DVEM State Active Duty	CV0010F20	This project provides the necessary allotment to reimburse the Department of Defense, Veterans and Emergency Management for the costs of State Active Duty Soldiers (SAD) COVID missions. On March 15, 2020 the Governor declared a State of	Fully completed

		Civil Emergency in response to COVID-19. As a result, the Maine Emergency Management Agency fully activated the Maine State Emergency Operations Center. In response, the Maine National Guard, authorized by the Governor, issued a Joint Order for Maine National Guard (MENG) COVID-19 Response. Upon order the MENG began immediate preparations to support the States Emergency Operations Center with soldiers and airmen being called to SAD beginning March 19, 2020. As missions were developed and approved, 64 service members were called to SAD to conduct missions in direct response to the public health emergency caused by COVID-19. These 64 soldiers and airmen were on orders for various lengths of time between March 19, 2020 and April 18, 2020. On March 19, 2020 all soldiers and airmen in SAD were transitioned to federal Title 32, Active Duty under the control of the Governor to continue COVID-19 response operations.	
DOT PPE and Cleaning Supplies 2	CV0089F21	Reimburse Maine Department of Transportation (DOT) for expenses related to personal protective equipment and cleaning supplies necessary due to COVID-19 that were not accounted for in our budget and were incurred after March 1, 2020	Fully completed
DOL UI Call Center Support	CV033F20	This project includes the cost of a call center, the cost of Department of Labor (DOL) staff in non-unemployment bureaus responding to the all hands on deck assistance (the costs of which cannot be charged to other federal grants), the cost of postage and printing, the cost of temporary contract workers to help with the increased volume of mail sent to claimants, 6 months of the cost of 138 limited-period positions, as well as the cost of staff from other state departments with knowledge of the unemployment system.	Completed 50% or more
DOL McKinsey Contract 1	CV033F20-1	The Department of Labor is contracting with McKinsey & Company for analysis and recommendations on the Unemployment Insurance program operations. The COVID-19 pandemic has underscored operational issues concerning data availability, reporting, and processing of Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation claims. As a result of this agreement, the Department will improve timeliness and efficiency of operations, reduce incidence of fraud, improve accuracy of claims processing, increase transparency regarding the status of unemployment claims, create and maintain optimal communications and reporting plans.	Fully completed
DOL UI Trust Fund	CV0030F20	Replenish the State's Unemployment Insurance Trust Fund for the COVID-19 related unemployment benefit payments being made from it. Those payments total about \$270 million for the fourth quarter of fiscal year 2020 and are estimated at \$160 million for the first quarter of fiscal year 2021. Using CRF to replenish the Trust Fund will help avoid significant increases in employers' future unemployment taxes. It will also keep the Fund solvent and available to continue making benefit payments without the State needing to borrow from the federal government in order to do so.	Completed 50% or more
DHHS Temp Staff	CV0023F20	This project is for temporary staffing positions which are needed to assist with the mitigation and treatment of COVID-19. Staffing 1: The main purpose of the job is to update and maintain modeling of the spread of COVID-19 in Maine and the resources required to treat those positive cases. Staffing 2: Assist the Department in the short term and long term planning, strategy and procurement of PPE. Includes developing goals, strategies, procurement plans, risk mitigation strategies and procurement partnerships.	Less than 50% completed
DHHS PSA	CV0023F20-1	Public Service Announcements for reopening state services after there was an interruption of services due to COVID-19 (Ethos Contract).	Less than 50% completed
DHHS Hazard Pay 1	CV0026F20	Hazard pay for Office of Agency & Disability Services crisis workers, Clinical Social Workers working at Longcreek Youth Center, Public Health Nurses and Dorothea Dix and Riverview Psychiatric Centers. These employees are working with clients in the field and in a hospital setting and are at a high risk for exposure to COVID-19	Fully completed
DHHS Hazard Pay 2	01035F20	Hazard pay for multiple job classes within the DHHS Office of Child & Family Services, Office of Behavioral Health, Division of Licensing & Certification, and Office of Aging and Disability Services who are at risk of exposure to COVID-19.	Less than 50% completed

DAFS Hazard Pay	CV0032F20	This would cover temporary Hazard Pay for Postal and Custodial agencies during the public health emergency. Custodial employees are charged with mitigating the spread of coronavirus through increased frequency, duration and methods of cleaning areas and high touch surfaces. State Postal and Surplus employees are actively engaged in the distribution of personal protective equipment for State employees and contractors as part of the States response to coronavirus.	Fully completed
DAFS OSC Payroll Support	CV0029F20	Contractor costs through Tri-State Staffing. This contract person is supporting the Office of the State Controllers Payroll unit with review of large number of adjustments being received from various departments that are processing hazard pay for Public Health and Public Safety employees.	Less than 50% completed
DPS Public Safety Expenses 1	CV0013F20	The employees of the Department of Public Safety interact with the public on a daily basis. As the State has determined that Public Safety services are crucial to mitigate COVID-19, the Department of Public Safety is using these funds for the personal services costs from March 1 through June 30, 2020 for the following for Public Safety personnel in the following categories: Maine State Police sworn staff, Capitol Police sworn staff, Fire Marshal Office sworn staff, the inspection arm of the Fire Marshal Office, Emergency Medical Services staff, and the dispatchers.	Fully completed
DPS Supplies	CV0013F20-1	Face masks, hand sanitizer, cleaning products and plexi-glass for the Service Center.	Completed 50% or more
DACF CPI Hazard Pay	CV0095F1	This covers the costs of hazard pay through the end of 2020. The performance of these vital regulatory tasks are instrumental to ensure a safe food supply in Maine and certain essential commercial services continue without interruption.	Not started
DAFS Hazard Pay 2	CV0070F21	This would cover temporary Hazard Pay for Postal and Custodial agencies during the public health emergency. Custodial employees are charged with mitigating the spread of coronavirus through increased frequency, duration and methods of cleaning areas and high touch surfaces. State Postal and Surplus employees are actively engaged in the distribution of personal protective equipment for State employees and contractors as part of the States response to coronavirus.	Fully completed
DAFS Intern for Warehouse	CV0067F21	Hire a full-time temporary worker (intern) to receive, store, and distribute Personal Protective Equipment (PPE) to state government (including all three branches). The FTE will be available for eight weeks throughout the summer months. The FTE will assist with data collection, updates to requestors, and inventory management. Establish and operate, with the approval of the Commissioner of Administrative and Financial Services, a warehouse that, in the judgment of the Director of the Bureau of General Services, is determined necessary for the storage and distribution of supplies, materials and equipment by resale, rental or other method, required for use by State Government or any department or agency, or any political subdivision or school administrative unit. In accordance with section 1587, the Director of the Bureau of General Services may purchase, lease, lease-purchase or enter into other financing agreements for the acquisition of equipment in accordance with this subsection when it can be demonstrated that any such action or agreement provides a clear cost advantage to the State.	Fully completed
DAFS Inventory Warehouse System	CV0068F21	Central Warehouse inventory management system to receive, store, and distribute Personal Protective Equipment (PPE) for state government (including all three branches). As needed, additional PPE for K-12, municipalities, and University of Maine system will be received, stored and distributed from this location.	Fully completed
DAFS MainePays Enhancements	CV0090F21	In mid-March the state government employees transitioned to remote work locations in order to comply with Governor Mills Executive Order to implement social distancing within office locations to contain the spread of the COVID-19 virus. There is a tremendous volume of transactional activity related to journal voucher and RE/IET processing, which is entirely paper-based. Consequently, employees are still required to come into the office to print, process, approve, mail and scan paper-based transaction documentation. This request is to fund enhancements to the MainePays (Pega) system to allow agencies to process journal voucher and internal exchange	Not started

		transactions in an essentially paperless environment, thereby improving teleworking capabilities resulting in greater social distancing.	
DAFS PMO Re-Entry Position & CRF Management of Funds	CV0037F21	Funding provides for a Project Manager and Business Analyst to coordinate the state-wide reentry of state employees to state offices and reopening of state offices to the public, as well as ongoing facility and workforce development considerations as the State shifts and transitions through the COVID-19 pandemic. It also includes funding to provide a Project Manager a Business Analyst to support the planning and coordination of Coronavirus Relief Fund and COVID-19 funding requirements.	Less than 50% completed
DECD Application Development with MTI	CV0071F21	Provides funding for the DECD and the Maine Technology Institute (MTI) to collaborate on an expanding Maine innovation economy effort to further support the safe re-opening of the Maine economy, Pledge to Protect Maine. DECD, the Office of Tourism and MTI will work with an expanding Maine innovation economy effort to further support the safe re-opening of the Maine economy, Pledge to Protect Maine. Maines small and seasonal businesses have an out-sized role in the Maine economy. These Mainers continue to feel the economic impact of COVID-19 and the resulting halt, and then slow return, of travel to and export from Maine. Innovation and technology can play a critical role in finding solutions to help mitigate this shift. The Pledge to Protect Maine project stems from a Flatten the Curve, COVID-19 hack-a-thon organized by a Maine health tech startup, MyHealthMath, in March. The resulting mobile app developed by Maine technologist in the hack-a-thon and the weeks following, provides an opportunity to digitize the Governors Keep Maine Healthy requirements, including the certification process for getting a green health flag to visit Maine. The solution will make it easier for Maines seasonal businesses to track information and open safely. The addition of the GetWellLoop 14-day symptom tracking and quarantine feature adds an easy additional layer of public health education and self-care for those who use it. This project is a critical collaboration between the innovation economy of Maine and the seasonal/tourism/Main St. economy of Maine.	Not started
DHHS CAP Agency	CV0059F21	This program establishes a partnership with providers in Maines Community Action Program, Catholic Charities, and Wabanaki Public Health. The DHHS Community Partners will provide: 1. Psychosocial care psychological and emotional first aid. This service assures that the person, family, and community can understand the need for the public health response and are provided support to address the associated uncertainties and fears. 2. Housing to assure safe quarantine and isolation for patient/contact safety and to prevent transmission of the virus. Housing services are to be provided by Maine State Housing Authority. 3. Food security and support assure food is available for all in persons in isolation/quarantine. If not link to support for shopping and delivery, meals on wheels, or other mechanisms to provide food. 4. Health prevention activities and medical referral available as needed in situations where symptoms occur or worsen. This includes cases and controls and will require collaboration with Maine CDC to assure information is seamlessly and confidentially shared. In some cases, providing thermometers and masks may be undertaken. 5. Communication and social mobilization to assure that a community and its representative agencies are aware of COVID pandemic prevention and response actions and to prevent stigmatization or harms to all persons. 6. Address transportation needs. 7. Provide interpreter and cultural brokering services.	Less than 50% completed
DHHS Child Care Provider Subsidy	CV0075F21	Provides funding to child care providers to adjust their facilities for health and safety precautions. These adjustments are necessary in order for child care providers to open in alignment with the planned public-school opening date of September 9, 2020.	Not started
DHHS Health Equity Improvement Initiative	CV0088F21	This project is for the 2020 COVID Health Equity Improvement Initiative, which is part of the Keep Mane Health Initiative. The goal of this Initiative is to encourage community-based organizations (CBOs) to implement their own COVID-19 prevention, education and support plans in partnership with DHHS. Funding is available to organizations that support individuals from Black, Indigenous, Latinx, Asian,	Less than 50% completed

		or New Mainer communities who are disproportionately impacted by COVID-19. Services will be delivered to racially and ethnically diverse communities and fall into three categories of public health services: Public health education activities narrowly focused on COVID-19 Physical distancing and public health prevention activities Culturally appropriate quarantine and isolation support activities	
DHHS Idexx Tests	CV0045F21	IDEXX will be loaning DHHS a KingFisher Flex, 96 DW Instrument for testing samples for COVID-19. As part of this MOU, IDEXX is donating 3500 test kits (reaction and extraction units) and the Department is agreeing to purchase a certain number of test kits per week. This is essential to support the volume of testing necessary to originally help the state reopen and now it is to keep the state open.	Less than 50% completed
DHHS Local Gov- Public Health Campaign	CV0056F21	The project provides funding to municipalities and Tribal governments as part of the 2020 Municipal COVID-19 Awareness Campaign. This funding will extend the Maine Center for Disease and Prevention Work to promote public education and public health activities, implementing physical distancing measures, and providing technical assistance to local businesses to help them follow best practices described in COVID-19 Prevention Checklists.	Less than 50% completed
DOE Care for School Age Children	CV0085F21	This project supports school administrative units (SAUs) as they work to propose alternative support and care for students during the planned remote learning periods. SAUs will use these funds to either establish their own programs or partner with local community organizations, such as Parks and Recreation Departments, Boys and Girls Clubs, local YMCAs, and licensed child care/after school providers, to provide care for students. Allowable costs will include: Facilities (rents, leases, tents) and other overhead costs like insurance and utilities Staffing Meals Technology infrastructure, such as hot spots or WIFI connections to support school provided devices Transportation services provided by site/school unit Supplies and materials Health and safety supplies, such as cleaning supplies and PPE	Not started
DOE Safe Return to Classroom	CV0066F21	This project supports schools and districts in returning to classroom-based instruction. Schools, districts, CTE programs and Charter Schools anticipate many unbudgeted expenses and logistical hurdles including: transportation and facility modifications to allow for social distancing and to accommodate new health/safety guidelines; increased need for cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, medical staffing and program oversight; increased need for substitutes, technology, assessment of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students. These additional costs are directly related to the COVID-19 pandemic and were not previously reflected in local or state education budgets.	Less than 50% completed
DOL Google Contract	CV0079F21	The Department of Labor is contracting with Google to implement a chatbot on the unemployment webpage. This chatbot will make it easier for unemployment claimants to find answers to their questions. The department has posted several 10+ pages of frequently asked questions related to COVID-19 and the federal CARES Act unemployment programs. The number of pages that an individual has to read through to find their question prevents someone from doing so easily. The chatbot will allow web user to enter a question and then will find the related responses. This will facilitate the response for the individual, reduce call volumes to the unemployment 800 phone line, and improve processing of COVID-19-related unemployment benefits.	Less than 50% completed
DMR Hazard Pay	CV0104F1	Shellfish sanitation is regulated at the national level by the National Shellfish Sanitation Program (NSSP) and the Maine Shellfish Dealer Certification and Inspection Program uses the standards outlined by the NSSP to evaluate and certify all wholesale shellfish dealers in Maine. These dealers must be certified under the NSSP to ship, or process shellfish for shipment, within and outside of the state of Maine. By making sure that wholesale shellfish dealers meet these standards, the safety and wholesomeness of the shellfish being purchased by consumers is ensured. Dealer inspections and certifications require extensive site visits by Department of Marine	Not started

		Resources (DMR) shellfish inspectors, where they are often required to work in close proximity to others. As a result, DMR shellfish inspectors have been approved for hazard pay during the Covid-19 civil emergency for each hour of actual working in the field at the premises to be inspected. DMR is requesting CRF to cover the difference in expenses from estimated hazard pay costs incurred during the eligible dates in 2020. The eligible positions include: Seafood Technologists (DMR) Senior Seafood Inspector (DMR) Seafood Technology Supervisor (DMR)	
Economic Recovery Committee Facilitation Support	CV0086F21	Governor Janet Mills launched an Economic Recovery Committee (ERC) on May 6, 2020 by Executive Order to request urgent recommendations on how to stabilize and support challenges across the Maine economy in response to the COVID-19 pandemic and, in the longer-term, to get Maine back onto a path toward economic growth as it seeks to recover from the COVID-19 economic crisis. The committee is charged with advising on needed investments, regulatory changes, and to reimagine new ways the state can encourage economic growth. The 40-member Committee includes representatives from the business sector, other economic sectors, and federal, state, tribal and local leaders. The Governor is seeking recommendations on July 15th and December 1, 2020. The Committee has broken up into six working subcommittees, each focused on broad sector areas of the Maine economy. Some support for the Committee is being provided through current staff in state government and limited intern support from University of Maine Law school. The Committee co-chairs requested facilitation support for the work of the Committee, support of the six sub-committees process, and online facilitation support for the public and decision making process of the whole committee which has entirely moved online to a Zoom format, with public access. Additional careful public engagement support is required for management of online Zoom Webinar meetings, transparency, online tools (like polling, whiteboard tools), and importantly, managing security concerns. A short term-limited contract for facilitation services helped launch the ERC but the contract was small and has run out, and the Committee and Co-Chairs requested support for their work through December. Based on hourly support and the number of meetings, the estimated cost is approximately \$48,000.	Less than 50% completed
HHS Infection Control at Non-NF Congregate Settings	CV0102F21	The primary goals of this initiative are to help ensure the health and safety of the residents in these settings and for all congregate settings in Maine to achieve an acceptable baseline of infection prevention and control practices in the short term (within 6 months) which can be sustained going forward.	Not started
IT Security Tools	CV0083F21	To thwart the onslaught of record setting attack proportions, the Office of Information Technology, Information Security Office has purchased two products, Cisco Umbrella and Microsoft Security Suite. These products work in conjunction with each other to ensure State of Maine employees, devices, and information are secured and protected regardless of what location users are working from. This purchase was a decisive measure to secure our IT remote infrastructure and respond appropriately to the evolving and expanding threat environment. The implementation of these two critical security tools, Cisco Umbrella and Microsoft Security Suite, allow OIT to meet all fundamental security challenges directly associated with COVID-19 as well as the rapid increase in our remote workforce. These tools are critical to our ability to block attacks and continue the States ability to support and respond to all Maine citizen needs.	Completed 50% or more
Natural Resources Public Safety & Health Payroll	CV0105 F1	The natural resource agencies, Department of Inland Fisheries & Wildlife, the Department of Marine Resources, and the Department of Agriculture, Conservation and Forestry, provide essential public safety and public health inspection services. This project supplements public safety and public health costs with CRF funding in accordance with CRF guidance.	Not started
MSHA Rental Assistance	CV0082F21	MaineHousing will provide \$5,000,000 in rental assistance to those facing potential housing disruption due to COVID-19. MaineHousing estimated the need for housing assistance at \$35 million. Funds will be used to provide financial hardship assistance to Maine renters who cannot afford to pay their rent and are facing housing disruption due to the COVID-19	Not started

		pandemic. Failure to approve this financial order will have a detrimental impact on renters and could result in an increase in evictions across the State.	
DOC Personal Services for Public Safety	CV0020F20-1	Supplement public safety costs with CRF funding in accordance with CRF guidance. It is our understanding that G. O. counsel has determined that DOC is a part of the public safety system and therefore these costs can be included as a part of the CRF program	Less than 50% completed
DPS Public Safety Expenses 2	CV0107F21	The employees of the Department of Public Safety interact with the public on a daily basis. As the State has determined that Public Safety services are crucial to mitigate COVID-19, the Department of Public Safety is using these funds for the personal services costs from March 1 through June 30, 2020 for the following for Public Safety personnel in the following categories: Maine State Police sworn staff, Capitol Police sworn staff, Fire Marshal Office sworn staff, the inspection arm of the Fire Marshal Office, Emergency Medical Services staff, and the dispatchers.	Less than 50% completed
DAFS Inventory Warehouse System 2	CV0069F21	Fund significant changes to the Central Warehouse which is responsible for receiving, storing, and distributing all PPE for all of state government. The current structure of the Central Warehouse is not sufficient to manage this in increased demand. These funds will establish a new warehouse space, increase staff and purchase a truck to expand the capacity of the Central Warehouse. Funding is provided by the CARES Act.	Less than 50% completed
DOL McKinsey Contract 2	CV0103F1	The Department of Labor is contracting with McKinsey & Company for analysis and recommendations on the Unemployment Insurance program operations. The COVID-19 pandemic has underscored operational issues concerning data availability, reporting, and processing of Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation claims. As a result of this agreement, the Department will improve timeliness and efficiency of operations, reduce incidence of fraud, improve accuracy of claims processing, increase transparency regarding the status of unemployment claims, create and maintain optimal communications and reporting plans.	Not started

Sub-Recipient Organizations

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)			
Financial Progress Report(FPR) Sub-Recipient Organizations			
DUNS/Identification Number	Name	Status	Go to Sub Screen
825229318	MCKINSEY & COMPANY, INC. WASHINGTON D.C.	Saved -- Validated	Go to Sub Screen
831749648	Atlantic Staffing & Payroll Services	Saved -- Validated	Go to Sub Screen
833646636	Ethos Marking & Design	Saved -- Validated	Go to Sub Screen
078805217	SAVILINX, LLC	Saved -- Validated	Go to Sub Screen
832042571	MPX	Saved -- Validated	Go to Sub Screen
100262245	AIRLINE COMMUNITY SCHOOL	Saved -- Validated	Go to Sub Screen
009412292	GEORGETOWN SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
189344955	CASTINE SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
618276252	REGIONAL SCHOOL UNIT 07/MSAD 07	Saved -- Validated	Go to Sub Screen
100265719	TOWN OF SOUTH BRISTOL	Saved -- Validated	Go to Sub Screen
159145556	HARMONY SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
100760438	SCHOOL UNION 93	Saved -- Validated	Go to Sub Screen
620266841	SCHOOL UNION 76 AND ISLE AU HAUT	Saved -- Validated	Go to Sub Screen
792826302	MACHIASPORT SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
193228889	SCHOOL UNION 102	Saved -- Validated	Go to Sub Screen
837681287	MAINE SCHOOL OF SCIENCE & MATH	Saved -- Validated	Go to Sub Screen
962089806	TOWN OF BEALS SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
797055790	CUTLER SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
178088639	ISLESBORO, TOWN OF	Saved -- Validated	Go to Sub Screen
183992486	FAYETTE CENTRAL SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
159685296	MOOSABEC COMMUNITY SCHOOL DISTRICT 17 UNION	Saved -- Validated	Go to Sub Screen
046799276	SCHOOL ADMIN DISTRICT 19	Saved -- Validated	Go to Sub Screen
178151874	JOHN F. MURPHY HOMES, INC.	Saved -- Validated	Go to Sub Screen
786692723	UNION 76 SEDGEWICK	Saved -- Validated	Go to Sub Screen
159144385	ALEXANDER SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Name	Status	
787290634	CASWELL SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
073991176	SWEETSER	Saved -- Validated	Go to Sub Screen
043848167	PENOBSCOT TOWN OF	Saved -- Validated	Go to Sub Screen
045656493	EUSTIS, TREAS OF	Saved -- Validated	Go to Sub Screen
002568822	LEE ACADEMY	Saved -- Validated	Go to Sub Screen
059818315	PEMBROKE SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
958053845	OTIS TREAS OF	Saved -- Validated	Go to Sub Screen
780942033	AOS 77	Saved -- Validated	Go to Sub Screen
048873111	UNION SCHOOL DISTRICT 103	Saved -- Validated	Go to Sub Screen
126039440	REGION 9 SCHOOL-APPLIED TECH	Saved -- Validated	Go to Sub Screen
129238643	FIDDLEHEAD CENTER FOR THE ARTS	Saved -- Validated	Go to Sub Screen
074558941	WALDO COUNTY TECHNICAL CENTER	Saved -- Validated	Go to Sub Screen
159146513	INDIAN ISLAND PENOBSCOT SCHOOL COMMITTEE	Saved -- Validated	Go to Sub Screen
167302244	EDGECOMB EDDY SCHOOL	Saved -- Validated	Go to Sub Screen
052287463	NORTHERN PENOBSCOT TECH	Saved -- Validated	Go to Sub Screen
825382125	WEST BATH SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
083188573	SOUTHERN AROOSTOOK COOPERATIVE BOARD OF EDUCATION	Saved -- Validated	Go to Sub Screen
100266204	REGIONAL SCHOOL UNIT 61/MAINE SCHOOL ADMINISISTRATIVE DISTRICT 61	Saved -- Validated	Go to Sub Screen
060995321	EAST MILLINOCKET SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
833118875	NORTHPORT, TOWN OF	Saved -- Validated	Go to Sub Screen
100263268	LAMOINE CONSOLIDATED ELEMENTARY SCHOOL	Saved -- Validated	Go to Sub Screen
079799302	EUT	Saved -- Validated	Go to Sub Screen
079175989	ATHENS PUBLIC SCHOOLS	Saved -- Validated	Go to Sub Screen
079386086	MAINE CONNECTIONS ACADEMY, INC.	Saved -- Validated	Go to Sub Screen
786097944	RANGELEY LAKES REGIONAL SCHOOL	Saved -- Validated	Go to Sub Screen
079413598	DAYTON SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
065869001	MAINE ARTS ACADEMY	Saved -- Validated	Go to Sub Screen
079876562	ST GEORGE MUNICIPAL SCHOOL UNIT	Saved -- Validated	Go to Sub Screen
193228459	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM	Saved -- Validated	Go to Sub Screen
959270398	SOUTH BRISTOL SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Name	Status	
058055497	HANCOCK, TOWN OF	Saved -- Validated	Go to Sub Screen
060987260	GEORGE STEVENS ACADEMY	Saved -- Validated	Go to Sub Screen
100760313	MAINE SCHOOL UNION 69	Saved -- Validated	Go to Sub Screen
123155657	MAINE VOCATIONAL REGION TEN	Saved -- Validated	Go to Sub Screen
080955044	ACADIA ACADEMY	Saved -- Validated	Go to Sub Screen
032525347	UNION 87 ORONO AND VEAZIE	Saved -- Validated	Go to Sub Screen
027007742	HARPSWELL COASTAL ACADEMY, INC.	Saved -- Validated	Go to Sub Screen
111771601	LIMESTONE, TOWN OF	Saved -- Validated	Go to Sub Screen
030522833	TOWN OF PRINCETON SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
193546462	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM	Saved -- Validated	Go to Sub Screen
100651033	RSU 84	Saved -- Validated	Go to Sub Screen
100262211	ACTON, TOWN OF	Saved -- Validated	Go to Sub Screen
100650506	UNION SCHOOL DISTRICT 69	Saved -- Validated	Go to Sub Screen
123275513	MAINE SCHOOL ADMINISTRATION DISTRICT 12	Saved -- Validated	Go to Sub Screen
077461648	GOOD WILL HOME ASSOCIATION	Saved -- Validated	Go to Sub Screen
961705378	SCHOOL UNION 93	Saved -- Validated	Go to Sub Screen
159147305	JOHN BAPST MEM HIGH SCHOOL	Saved -- Validated	Go to Sub Screen
100028885	EASTON SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
183992627	SCHOOL UNION 122	Saved -- Validated	Go to Sub Screen
193546397	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM - AOS 91	Saved -- Validated	Go to Sub Screen
183993146	AOS 91	Saved -- Validated	Go to Sub Screen
135792252	BLUE HILL SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
016211005	INDIAN TOWNSHIP PASSAMAQUODDY SCHOOL COMMITTEE	Saved -- Validated	Go to Sub Screen
071746481	Maine Central Institute	Saved -- Validated	Go to Sub Screen
100263169	GREENBUSH PUBLIC SCHOOLS	Saved -- Validated	Go to Sub Screen
100262906	DEDHAM SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
049196165	MAINE SCHOOL ADMINISTRATIVE DISTRICT 32	Saved -- Validated	Go to Sub Screen
030518997	WASHINGTON ACADEMY	Saved -- Validated	Go to Sub Screen
183994201	PLEASANT POINT PASSAMAQUODDY SCHOOL COMMITTEE	Saved -- Validated	Go to Sub Screen
090330499	JEFFERSON SCHOOL DEPARTMENT, THE TOWN OF	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Name	Status	
097736680	SCHOOL ADMINISTRATIVE DISTRICT 8	Saved -- Validated	Go to Sub Screen
926319559	MAINE SCHOOL ADMINISTRATIVE DISTRICT #30	Saved -- Validated	Go to Sub Screen
051106458	DENNYVILLE SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
193303815	SCHOOL UNION 113	Saved -- Validated	Go to Sub Screen
183993518	MAINE SCHOOL UNION 69	Saved -- Validated	Go to Sub Screen
797529786	EAST MACHIAS SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
077460681	FOXCROFT ACADEMY	Saved -- Validated	Go to Sub Screen
060996014	REGIONAL SCHOOL UNIT 83/MAINE SCHOOL ADMINISTRATIVE DISTRICT 13	Saved -- Validated	Go to Sub Screen
193557527	BRISTOL, TOWN OF	Saved -- Validated	Go to Sub Screen
878882935	Union School District 60	Saved -- Validated	Go to Sub Screen
136908063	REGIONAL SCHOOL UNIT 45/MAINE SCHOOL ADMINISTRATIVE DISTRICT 45	Saved -- Validated	Go to Sub Screen
123118663	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM	Saved -- Validated	Go to Sub Screen
117751672	REGION 8 MID-COAST SCHOOL OF TECHNOLOGY	Saved -- Validated	Go to Sub Screen
080395694	MAINE LEARNING INNOVATIONS	Saved -- Validated	Go to Sub Screen
159144690	REGIONAL SCHOOL UNIT 33/MAINE SCHOOL ADMINISTRATIVE DISTRICT 33	Saved -- Validated	Go to Sub Screen
081214976	REGIONAL SCHOOL UNIT 89	Saved -- Validated	Go to Sub Screen
100263524	MILFORD PUBLIC SCHOOLS	Saved -- Validated	Go to Sub Screen
114684145	REGIONAL SCHOOL UNIT 88/MAINE SCHOOL ADMINISTRATIVE DISTRICT 24	Saved -- Validated	Go to Sub Screen
100262922	DEER ISLE/STONINGTON CSD	Saved -- Validated	Go to Sub Screen
078455301	CORNVILLE REGIONAL CHARTER SCHOOL	Saved -- Validated	Go to Sub Screen
040755741	ORRINGTON, TOWN OF	Saved -- Validated	Go to Sub Screen
078454438	BAXTER ACADEMIES OF MAINE	Saved -- Validated	Go to Sub Screen
144840415	BAILEYVILLE, TOWN OF	Saved -- Validated	Go to Sub Screen
071736268	FRYEBURG ACADEMY	Saved -- Validated	Go to Sub Screen
967756664	REGIONAL SCHOOL UNIT 50	Saved -- Validated	Go to Sub Screen
077477594	LINCOLN ACADEMY	Saved -- Validated	Go to Sub Screen
077470516	GREAT SALT BAY COMMUNITY SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
030518914	SCHOOL ADMINISTRATIVE DISTRICT 42	Saved -- Validated	Go to Sub Screen
113778349	GLENBURN SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
097740815	ERSKINE ACADEMY	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Name	Status	
800903494	SCHOOL UNION 52	Saved -- Validated	Go to Sub Screen
034422493	MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 64	Saved -- Validated	Go to Sub Screen
100029156	MADAWASKA SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
193303971	BOOTHBAY HARBOR COMMUNITY SCHOOL DISTRICT 903	Saved -- Validated	Go to Sub Screen
086887635	SCHOOL ADMINISTRATIVE DISTRICT #31	Saved -- Validated	Go to Sub Screen
831034991	REGIONAL SCHOOL UNIT NO. 20	Saved -- Validated	Go to Sub Screen
793132221	UNITED TECHNOLOGIES CENTER- REGION 4	Saved -- Validated	Go to Sub Screen
051344679	REGIONAL SCHOOL UNIT 70/MAINE SCHOOL ADMINISTRATIVE DISTRICT 70	Saved -- Validated	Go to Sub Screen
046521886	SCHOOL ADMIN DISTRICT 20	Saved -- Validated	Go to Sub Screen
158349191	REGIONAL SCHOOL UNIT 12	Saved -- Validated	Go to Sub Screen
100029230	MILLINOCKET SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
169183357	REGIONAL SCHOOL UNIT 80/MAINE SCHOOL ADMINISTRATIVE DISTRICT 4	Saved -- Validated	Go to Sub Screen
183994128	SCHOOL UNION 102	Saved -- Validated	Go to Sub Screen
037719952	REGIONAL SCHOOL UNIT 87	Saved -- Validated	Go to Sub Screen
049226756	MAINE SCHOOL ADMINISTRATIVE DISTRICT 59	Saved -- Validated	Go to Sub Screen
096935049	FIVE TOWN COMMUNITY SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
122800840	MAINE SCHOOL ADMINISTRATIVE DISTRICT 28	Saved -- Validated	Go to Sub Screen
183994243	MAINE SCHOOL ADMINISTRATIVE DISTRICT 60	Saved -- Validated	Go to Sub Screen
100030105	REGIONAL SCHOOL UNIT 53/MAINE SCHOOL ADMINISTRATIVE DISTRICT 53	Saved -- Validated	Go to Sub Screen
830698218	REGIONAL SCHOOL UNIT #23	Saved -- Validated	Go to Sub Screen
159145119	MAINE SCHOOL ADMIN DISTRICT 74	Saved -- Validated	Go to Sub Screen
093633931	REGIONAL SCHOOL UNIT #44	Saved -- Validated	Go to Sub Screen
077470698	SCHOOL ADMIN DISTRICT 41	Saved -- Validated	Go to Sub Screen
042051177	MSAD 68	Saved -- Validated	Go to Sub Screen
077476745	MAINE SCHOOL ADMINISTRATION DISTRICT 37	Saved -- Validated	Go to Sub Screen
788129351	MAINE SCHOOL ADMINISTRATIVE DISTRICT 72	Saved -- Validated	Go to Sub Screen
962649534	CALAIS, CITY OF	Saved -- Validated	Go to Sub Screen
186663485	WINTHROP PUBLIC SCHOOLS	Saved -- Validated	Go to Sub Screen
829736185	REGIONAL SCHOOL UNIT 10	Saved -- Validated	Go to Sub Screen
047069562	MAINE SCHOOL ADMINISTRATIVE DIST 27	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Name	Status	
968246459	REGIONAL SCHOOL UNIT NO 24	Saved -- Validated	Go to Sub Screen
093629822	KITTERY, TOWN OF	Saved -- Validated	Go to Sub Screen
612686907	REGIONAL SCHOOL UNIT NO. 67	Saved -- Validated	Go to Sub Screen
830793308	Sheepscot Valley Regional School Unit 12	Saved -- Validated	Go to Sub Screen
100977024	TRUSTEES OF THORNTON ACADEMY (INC)	Saved -- Validated	Go to Sub Screen
943417923	SCHOOL ADMINISTRATIVE DISTRICT 55	Saved -- Validated	Go to Sub Screen
015967362	SCHOOL ADMIN DISTRICT 65	Saved -- Validated	Go to Sub Screen
830616210	REGIONAL SCHOOL NO. 38	Saved -- Validated	Go to Sub Screen
830759960	REGIONAL SCHOOL UNIT NO. 25	Saved -- Validated	Go to Sub Screen
100266022	Winslow, Town Of	Saved -- Validated	Go to Sub Screen
159145309	WELLS OGUNQUIT COMMUNITY SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
031029978	MAINE SCHOOL ADMINISTRATION DISTRICT 46	Saved -- Validated	Go to Sub Screen
028370971	Town Of Hermon	Saved -- Validated	Go to Sub Screen
195754569	Town of Cape Elizabeth	Saved -- Validated	Go to Sub Screen
100262849	REGIONAL SCHOOL UNIT 39	Saved -- Validated	Go to Sub Screen
097730683	SCHOOL ADMINISTRATIVE DISTRICT 3	Saved -- Validated	Go to Sub Screen
604440651	TOWN OF YORK	Saved -- Validated	Go to Sub Screen
073993503	YARMOUTH, TOWN OF	Saved -- Validated	Go to Sub Screen
832229970	Regional School Unit No 4	Saved -- Validated	Go to Sub Screen
968474978	Regional School Unit 36	Saved -- Validated	Go to Sub Screen
049024979	RSU 29/MSAD 29	Saved -- Validated	Go to Sub Screen
077022651	Ellsworth Public Schools	Saved -- Validated	Go to Sub Screen
830636127	REGIONAL SCHOOL UNIT 34	Saved -- Validated	Go to Sub Screen
079756303	REGIONAL SCHOOL UNIT #71	Saved -- Validated	Go to Sub Screen
100028752	BREWER SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
003024999	Regional School Unit 13	Saved -- Validated	Go to Sub Screen
867703605	REGIONAL SCHOOL UNIT 16	Saved -- Validated	Go to Sub Screen
019224260	FALMOUTH, TOWN OF	Saved -- Validated	Go to Sub Screen
083185215	SACO, CITY OF	Saved -- Validated	Go to Sub Screen
086875309	Regional School Unit 51	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Name	Status	
030522916	SCHOOL ADMINISTRATIVE DISTRICT #15	Saved -- Validated	Go to Sub Screen
832319813	Rsu No. 5	Saved -- Validated	Go to Sub Screen
046499240	Maine School Administrative District 1	Saved -- Validated	Go to Sub Screen
833017291	Regional School Unit 2	Saved -- Validated	Go to Sub Screen
183994235	Regional School Unit 35/ Maine School Administrative District 35	Saved -- Validated	Go to Sub Screen
943095190	REGIONAL SCHOOL UNIT 63	Saved -- Validated	Go to Sub Screen
949543359	Maine School Administrative District 52	Saved -- Validated	Go to Sub Screen
077469328	Regional School Unit 40/Maine School Administrative District 40	Saved -- Validated	Go to Sub Screen
785837451	Regional School Unit 19	Saved -- Validated	Go to Sub Screen
037715208	SCHOOL ADMIN DISTRICT 11	Saved -- Validated	Go to Sub Screen
824758119	Regional School Unit 01	Saved -- Validated	Go to Sub Screen
077464956	REGIONAL SCHOOL UNIT 21	Saved -- Validated	Go to Sub Screen
097729677	SCHOOL ADMINISTRATIVE DISTRICT NO 49	Saved -- Validated	Go to Sub Screen
051783587	WATERVILLE PUBLIC SCHOOLS	Saved -- Validated	Go to Sub Screen
026562124	REGIONAL SCHOOL UNIT 22	Saved -- Validated	Go to Sub Screen
100262757	Brunswick School Department	Saved -- Validated	Go to Sub Screen
114407872	Maine School Administrative District No 75	Saved -- Validated	Go to Sub Screen
171715563	Gorham School District	Saved -- Validated	Go to Sub Screen
086885340	SCARBOROUGH, TOWN OF	Saved -- Validated	Go to Sub Screen
060992898	Regional School Unit No 18	Saved -- Validated	Go to Sub Screen
071740468	AUGUSTA, CITY OF	Saved -- Validated	Go to Sub Screen
086577850	MT BLUE REGIONAL SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
162017933	Regional School Union 54	Saved -- Validated	Go to Sub Screen
193420002	MSAD 61	Saved -- Validated	Go to Sub Screen
126268981	BIDDEFORD, CITY OF	Saved -- Validated	Go to Sub Screen
051616050	Regional School Unit 58/Maine School Administrative District 58	Saved -- Validated	Go to Sub Screen
037710373	SOUTH PORTLAND, CITY OF	Saved -- Validated	Go to Sub Screen
159147016	RSU 14 WINDHAM RAYMOND SCHOOL DISTRICT	Saved -- Validated	Go to Sub Screen
073995102	WESTBROOK, CITY OF	Saved -- Validated	Go to Sub Screen
183318666	MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 6	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Name	Status	
100028620	AUBURN SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
859684508	Maine Vocational Region 11	Saved -- Validated	Go to Sub Screen
071739692	BANGOR, CITY OF	Saved -- Validated	Go to Sub Screen
832327402	SANFORD SCHOOL DEPARTMENT	Saved -- Validated	Go to Sub Screen
198854978	Lewiston Public Schools	Saved -- Validated	Go to Sub Screen
071747802	PORTLAND, CITY OF	Saved -- Validated	Go to Sub Screen
105224849	GETWELNETWORK, INC.	Saved -- Validated	Go to Sub Screen
VC1000073	Presidio Network	Saved -- Validated	Go to Sub Screen
611429481	SHI INTERNATIONAL CORP.	Saved -- Validated	Go to Sub Screen
111734496	Stratosphere Technical Consulting, LLC	Saved -- Validated	Go to Sub Screen
804432805	CATHOLIC CHARITIES MAINE	Saved -- Validated	Go to Sub Screen
086887056	COMMUNITY CONCEPTS, INCORPORATED	Saved -- Validated	Go to Sub Screen
77464014	MIDCOAST MAINE COMMUNITY ACTION	Saved -- Validated	Go to Sub Screen
65270445	THE OPPORTUNITY ALLIANCE	Saved -- Validated	Go to Sub Screen
794426655	Carahsoft Technology Corp	Saved -- Validated	Go to Sub Screen
117261397	Dxc Ms LLc	Saved -- Validated	Go to Sub Screen
08687715	Maine State Housing Authority	Saved -- Validated	Go to Sub Screen
VC0000241	The HB Group, LLC	Saved -- Validated	Go to Sub Screen
09363414	Town of Topsham	Saved -- Validated	Go to Sub Screen
957935406	ORONO, TOWN OF	Saved -- Validated	Go to Sub Screen
5KLH4	Town of Veazie	Saved -- Validated	Go to Sub Screen
099001921	Town of Tremont	Saved -- Validated	Go to Sub Screen
24708039	Town of St. George	Saved -- Validated	Go to Sub Screen
112473561	Town of Deer Isle	Saved -- Validated	Go to Sub Screen
40237877	Town of Gardiner	Saved -- Validated	Go to Sub Screen
93629723	City of Sanford	Saved -- Validated	Go to Sub Screen
99366536	York County Community Action Corporation	Saved -- Validated	Go to Sub Screen
144075223	TOWN OF BAR HARBOR	Saved -- Validated	Go to Sub Screen
77477362	Town of Houlton	Saved -- Validated	Go to Sub Screen
0936332	Town of Gorham	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Name	Status	
COM203054	Town of Oxford	Saved -- Validated	Go to Sub Screen
79482117	Town of Poland	Saved -- Validated	Go to Sub Screen
097729735	RAYMOND, TOWN OF	Saved -- Validated	Go to Sub Screen
782263581	MONHEGAN PLANTATION	Saved -- Validated	Go to Sub Screen
109310263	DOVER FOXCROFT, TOWN OF	Saved -- Validated	Go to Sub Screen
057387052	ROCKLAND, CITY OF	Saved -- Validated	Go to Sub Screen
9939844	Town of Southwest Harbor	Saved -- Validated	Go to Sub Screen
876442419	TOWN OF WELLS INC	Saved -- Validated	Go to Sub Screen
796935815	OGUNQUIT, TOWN OF	Saved -- Validated	Go to Sub Screen
137930343	LINCOLN, TOWN OF	Saved -- Validated	Go to Sub Screen
83183087	Town of Bethel	Saved -- Validated	Go to Sub Screen
22578566	Town of Eliot	Saved -- Validated	Go to Sub Screen
027104140	FARMINGTON, TOWN OF	Saved -- Validated	Go to Sub Screen
162017743	CAMDEN, TOWN OF	Saved -- Validated	Go to Sub Screen
COM213121	Town of Rockport	Saved -- Validated	Go to Sub Screen
041691318	Town of Liberty	Saved -- Validated	Go to Sub Screen
60997412	City of Lewiston	Saved -- Validated	Go to Sub Screen
7468569	Town of Winthrop	Saved -- Validated	Go to Sub Screen
38495839	Town of Kennebunkport	Saved -- Validated	Go to Sub Screen
837279744	NORRIDGEWOCK, TOWN OF	Saved -- Validated	Go to Sub Screen
000034239	Guilford, Town of	Saved -- Validated	Go to Sub Screen
018713730	LISBON, TOWN OF	Saved -- Validated	Go to Sub Screen
108183757	IDEXX LABORATORIES, INC.	Saved -- Validated	Go to Sub Screen
197698298	ISLESBORO TOWN OF	Saved -- Validated	Go to Sub Screen
083178350	Bath, City of	Saved -- Validated	Go to Sub Screen
009579124	TOWN OF ROME	Saved -- Validated	Go to Sub Screen
797007767	CHEBEAGUE ISLAND, TOWN OF	Saved -- Validated	Go to Sub Screen
060987641	ELLSWORTH, CITY OF	Saved -- Validated	Go to Sub Screen
052662819	BOOTHBAY HARBOR, TOWN OF	Saved -- Validated	Go to Sub Screen
117043140	BOOTHBAY, TOWN OF	Saved -- Validated	Go to Sub Screen

DUNS/Identification Number	Name	Status	
945048861	HOLLIS TOWN OF	Saved -- Validated	Go to Sub Screen
831895557	BELFAST, CITY OF	Saved -- Validated	Go to Sub Screen
071745418	WINDHAM, TOWN OF	Saved -- Validated	Go to Sub Screen
097729446	KENNEBUNK, TOWN OF	Saved -- Validated	Go to Sub Screen
077465714	OLD ORCHARD BEACH, TOWN OF	Saved -- Validated	Go to Sub Screen
112918060	YORK, TOWN OF	Saved -- Validated	Go to Sub Screen
198906430	AUBURN, CITY OF	Saved -- Validated	Go to Sub Screen

Contracts >=\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)
Financial Progress Report (FPR)) Contract >= \$50,000

DUNS/ Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	Go to Sub Screen
825229318	MCKINSEY & COMPANY, INC. WASHINGTON D.C.	2020*3895	\$1,780,000.00	\$1,424,000.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
831749648	Atlantic Staffing & Payroll Services	CT 20200407000000010114 and CT 20200505000000010916	\$163,520.00	\$0.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
833646636	Ethos Marking & Design	CT 20180228000000002563	\$250,000.00	-\$206,154.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
078805217	SAVILINX, LLC	2020*777	\$2,641,000.00	\$1,540,837.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
832042571	MPX	MA 18P 140330*0111	\$200,633.00	\$4,450.00	Delivery Order	Saved -- Validated	Go to Sub Screen
105224849	GETWELLNETWORK, INC.	CT 20200723000000000258	\$500,000.00	\$0.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
111734496	Stratosphere Technical Consulting, LLC	CT 18B 20180928*1171	\$101,150.00	\$0.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
804432805	CATHOLIC CHARITIES MAINE	COM-20-4011	\$320,000.00	\$184,979.50	Definitive Contract	Saved -- Validated	Go to Sub Screen
086887056	COMMUNITY CONCEPTS, INCORPORATED	COM-20-4002	\$116,000.00	\$7,748.86	Definitive Contract	Saved -- Validated	Go to Sub Screen
77464014	MIDCOAST MAINE COMMUNITY ACTION	COM-20-4001	\$70,097.00	\$1,694.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
65270445	THE OPPORTUNITY ALLIANCE	COM-20-4005	\$129,000.00	\$15,060.37	Definitive Contract	Saved -- Validated	Go to Sub Screen
794426655	Carahsoft Technology Corp	CT2020*11853	\$182,160.00	\$0.00	Delivery Order	Saved -- Validated	Go to Sub Screen
117261397	Dxc Ms LLC	CT 2020*0963	\$443,146.00	\$53,882.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
VC0000241	The HB Group, LLC	BPO 18P 20200424*0887	\$762,575.00	\$762,575.00	Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
126268981	BIDDEFORD, CITY OF	COM-20-3007	\$64,050.00	\$15,737.99	Definitive Contract	Saved -- Validated	Go to Sub Screen
09363414	Town of Topsham	COM-21-3125 CT 10A 20200820*0629	\$251,146.25	\$94,620.77	Definitive Contract	Saved -- Validated	Go to Sub Screen
957935406	ORONO, TOWN OF	COM-20-3053 10A 20200709*0118	\$75,426.30	\$19,975.90	Definitive Contract	Saved -- Validated	Go to Sub Screen
93629723	City of Sanford	COM-20-3067A	\$725,905.00	\$276,168.26	Definitive	Saved --	Go to

DUNS/ Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	
					Contract	Validated	Sub Screen
99366536	York County Community Action Corporation	COM-20-4009A	\$80,332.00	\$15,182.28	Definitive Contract	Saved -- Validated	Go to Sub Screen
144075223	TOWN OF BAR HARBOR	COM-20-3004	\$159,383.40	\$109,818.69	Definitive Contract	Saved -- Validated	Go to Sub Screen
77477362	Town of Houlton	COM-20-3036A	\$143,641.00	\$18,366.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
0936332	Town of Gorham	COM-20-3029	\$127,933.00	\$22,055.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
COM203054	Town of Oxford	COM-20-3054	\$68,607.00	\$14,075.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
79482117	Town of Poland	COM-20-3057	\$57,410.00	\$5,389.97	Definitive Contract	Saved -- Validated	Go to Sub Screen
097729735	RAYMOND, TOWN OF	COM-20-3060	\$80,656.00	\$17,773.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
782263581	MONHEGAN PLANTATION	CT 10A 2020070900000000110	\$107,410.00	\$36,455.12	Definitive Contract	Saved -- Validated	Go to Sub Screen
071747802	PORTLAND, CITY OF	COM -20-3058	\$1,884,959.00	\$179,136.38	Definitive Contract	Saved -- Validated	Go to Sub Screen
109310263	DOVER FOXCROFT, TOWN OF	COM-20-3020	\$255,000.00	\$169,791.53	Definitive Contract	Saved -- Validated	Go to Sub Screen
057387052	ROCKLAND, CITY OF	CT-10A 2020071000000000129	\$99,573.20	\$44,999.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
9939844	Town of Southwest Harbor	CT 10A 20200707*077	\$97,343.00	\$46,656.61	Definitive Contract	Saved -- Validated	Go to Sub Screen
876442419	TOWN OF WELLS INC	COM-20-3088A	\$180,698.10	\$135,828.34	Definitive Contract	Saved -- Validated	Go to Sub Screen
796935815	OGUNQUIT, TOWN OF	CT 10A 2020070900000000116	\$326,628.70	\$78,952.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
137930343	LINCOLN, TOWN OF	20200701000000000000	\$59,155.40	\$25,719.74	Definitive Contract	Saved -- Validated	Go to Sub Screen
083185215	SACO, CITY OF	CT 10A 20200702*0049	\$123,525.00	\$69,468.16	Definitive Contract	Saved -- Validated	Go to Sub Screen
83183087	Town of Bethel	COM-21-3098	\$130,555.00	\$0.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
22578566	Town of Eliot	COM-20-3022	\$61,980.00	\$42,157.12	Definitive Contract	Saved -- Validated	Go to Sub Screen
027104140	FARMINGTON, TOWN OF	CT 10A 20200826000000000723	\$53,142.00	\$0.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
162017743	CAMDEN, TOWN OF	COM-20-3012	\$125,310.00	\$59,843.47	Definitive Contract	Saved -- Validated	Go to Sub Screen
019224260	FALMOUTH, TOWN OF	COM-20-3025A	\$150,016.20	\$27,015.07	Definitive Contract	Saved -- Validated	Go to Sub

DUNS/ Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	Screen
							Screen
COM213121	Town of Rockport	COM-21-3121	\$71,356.00	\$0.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
041691318	Town of Liberty	10A 2020082500000000686	\$58,900.00	\$1,324.10	Definitive Contract	Saved -- Validated	Go to Sub Screen
60997412	City of Lewiston	10A 20200701*0008	\$687,520.20	\$211,797.55	Definitive Contract	Saved -- Validated	Go to Sub Screen
7468569	Town of Winthrop	COM-21-3131	\$55,600.00	\$6,335.12	Definitive Contract	Saved -- Validated	Go to Sub Screen
38495839	Town of Kennebunkport	10A 20200702*0044	\$123,383.90	\$12,996.44	Definitive Contract	Saved -- Validated	Go to Sub Screen
073995102	WESTBROOK, CITY OF	COM-20-3089A	\$242,530.00	\$62,576.34	Definitive Contract	Saved -- Validated	Go to Sub Screen
093629822	KITTERY, TOWN OF	10A 20200702*0045	\$359,482.20	\$185,890.21	Definitive Contract	Saved -- Validated	Go to Sub Screen
108183757	IDEXX LABORATORIES, INC.	CD0-20-5407	\$1,200,000.00	\$120,720.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
083178350	Bath, City of	COM-20-3005A	\$135,185.00	\$57,210.95	Definitive Contract	Saved -- Validated	Go to Sub Screen
837279744	NORRIDGEWOCK, TOWN OF	COM-20-3050	\$51,230.00	\$12,517.41	Definitive Contract	Saved -- Validated	Go to Sub Screen
018713730	LISBON, TOWN OF	COM-20-3044	\$51,473.80	\$0.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
197698298	ISLESBORO TOWN OF	VC1000037826	\$58,250.00	\$13,778.76	Definitive Contract	Saved -- Validated	Go to Sub Screen
009579124	TOWN OF ROME	VC1000079345	\$58,891.00	\$1,666.39	Definitive Contract	Saved -- Validated	Go to Sub Screen
797007767	CHEBEAGUE ISLAND, TOWN OF	COM-20-3015	\$65,482.00	\$0.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
060987641	ELLSWORTH, CITY OF	COM-20-3023	\$66,952.00	\$0.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
052662819	BOOTHBAY HARBOR, TOWN OF	COM-20-3009	\$89,469.80	\$4,805.65	Definitive Contract	Saved -- Validated	Go to Sub Screen
117043140	BOOTHBAY, TOWN OF	COM-20-3008	\$90,760.00	\$0.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
945048861	HOLLIS TOWN OF	COM-20-3035	\$94,474.95	\$38,128.05	Definitive Contract	Saved -- Validated	Go to Sub Screen
831895557	BELFAST, CITY OF	COM-20-3006	\$107,805.90	\$22,825.47	Definitive Contract	Saved -- Validated	Go to Sub Screen
071740468	AUGUSTA, CITY OF	COM-20-3002	\$155,442.00	\$0.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
071745418	WINDHAM, TOWN OF	COM-20-3091	\$214,544.00	\$0.00	Definitive Contract	Saved -- Validated	Go to Sub Screen

DUNS/ Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	
097729446	KENNEBUNK, TOWN OF	COM-20-3039	\$231,981.00	\$0.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
112918060	YORK, TOWN OF	COM-20-3093	\$397,931.50	\$115,109.80	Definitive Contract	Saved -- Validated	Go to Sub Screen
000034239	Guilford, Town of	COM-20-3030	\$103,863.10	\$19,048.00	Definitive Contract	Saved -- Validated	Go to Sub Screen
086885340	SCARBOROUGH, TOWN OF	COM-20-3068	\$157,910.20	\$0.00	Definitive Contract	Saved -- Validated	Go to Sub Screen

Grants >=\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)
Financial Progress Report (FPR) Grants >= \$50,000

DUNS/ Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status	Action
100262245	AIRLINE COMMUNITY SCHOOL	AIRLINECSD7010CRF21	\$55,451.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
009412292	GEORGETOWN SCHOOL DEPARTMENT	GEORGETWN7010CRF21	\$56,791.28	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
189344955	CASTINE SCHOOL DEPARTMENT	CASTINE7010CRF21	\$58,562.23	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
618276252	REGIONAL SCHOOL UNIT 07/MSAD 07	MSAD077010CRF21	\$66,209.54	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100265719	TOWN OF SOUTH BRISTOL	STHBRISTOL7010CRF21	\$66,517.98	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
159145556	HARMONY SCHOOL DISTRICT	HARMONY7010CRF21	\$73,213.28	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100760438	SCHOOL UNION 93	BROOKSVILLE7010CRF21	\$75,244.84	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
620266841	SCHOOL UNION 76 AND ISLE AU HAUT	BROOKLIN7010CRF21	\$75,861.73	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
792826302	MACHIASPORT SCHOOL DEPARTMENT	MACHIASPORT7010CRF21	\$76,542.39	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
159685296	MOOSABEC COMMUNITY SCHOOL DISTRICT 17 UNION	JONESBORO7010CRF21	\$76,696.61	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
159144385	ALEXANDER SCHOOL DEPARTMENT	alexander7010crf21	\$50,255.41	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
787290634	CASWELL SCHOOL DEPARTMENT	CASWELL7010CRF21	\$70,623.40	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
837681287	MAINE SCHOOL OF SCIENCE & MATH	MESCHSCIMTH7010CRF21	\$84,397.89	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
962089806	TOWN OF BEALS SCHOOL DEPARTMENT	BEALS7010CRF21	\$85,450.14	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
043848167	PENOBSCOT TOWN OF	PENOBSCOT7010CRF21	\$87,268.92	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
073991176	SWEETSER	SPURWINK7010CRF21	\$76,946.80	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
797055790	CUTLER SCHOOL DEPARTMENT	CUTLER7010CRF21	\$88,843.02	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
178088639	ISLESBORO, TOWN OF	ISLEAUHAUT7010CRF21	\$94,203.68	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen

DUNS/ Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status	Action
							Screen
183992486	FAYETTE CENTRAL SCHOOL DISTRICT	FAYETTE7010CRF21	\$98,846.27	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
045656493	EUSTIS, TREAS OF	EUSTIS7010CRF21	\$102,542.38	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
002568822	LEE ACADEMY	LEE7010CRF21	\$103,490.71	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
059818315	PEMBROKE SCHOOL DEPARTMENT	PEMBROKE7010CRF21	\$104,105.75	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
159685296	MOOSABEC COMMUNITY SCHOOL DISTRICT 17 UNION	MOOSABECCSD7010CRF21	\$104,196.20	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
046799276	SCHOOL ADMIN DISTRICT 19	MSAD197010CRF21	\$108,131.46	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
178151874	JOHN F. MURPHY HOMES, INC.	MARGMRPHFND7010CRF21	\$111,145.38	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
958053845	OTIS TREAS OF	OTIS7010CRF21	\$114,385.56	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
786692723	UNION 76 SEDGEWICK	SEDGWICK7010CRF21	\$115,528.89	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
780942033	AOS 77	PERRY7010CRF21	\$117,177.50	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
800903494	SCHOOL UNION 52	cherryfield7010crf21	\$117,560.44	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
126039440	REGION 9 SCHOOL- APPLIED TECH	REGION97010CRF21	\$118,526.02	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
129238643	FIDDLEHEAD CENTER FOR THE ARTS	FIDDLEARTSC7010CRF21	\$119,704.22	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
074558941	WALDO COUNTY TECHNICAL CENTER	REGION77010CRF21	\$125,933.90	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
159146513	INDIAN ISLAND PENOBSCOT SCHOOL COMMITTEE	INDIANISL7010CRF21	\$126,212.80	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
167302244	EDGECOMB EDDY SCHOOL	EDGECOMB7010CRF21	\$132,977.40	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
800903494	SCHOOL UNION 52	JONESPORT7010CRF21	\$132,993.34	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
052287463	NORTHERN PENOBSCOT TECH	REGION377010CRF21	\$133,341.77	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
825382125	WEST BATH SCHOOL DEPARTMENT	WESTBATH7010CRF21	\$138,433.72	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
083188573	SOUTHERN AROOSTOOK COOPERATIVE BOARD OF EDUCATION	REGION27010CRF21	\$139,402.76	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100266204	REGIONAL SCHOOL UNIT 61/MAINE	SEBAGO7010CRF21	\$141,948.93	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen

DUNS/ Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status	Action
	SCHOOL ADMINISTRATIVE DISTRICT 61						Screen
060995321	EAST MILLINOCKET SCHOOL DEPARTMENT	MEDWAY7010CRF21	\$142,507.25	\$12,657.00	Reimbursab	Saved -- Validated	Go to Sub Screen
833118875	NORTHPORT, TOWN OF	NORTHPORT7010CRF21	\$142,842.37	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100263268	LAMOINE CONSOLIDATED ELEMENTARY SCHOOL	LAMOINE7010CRF21	\$143,071.10	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
079799302	EUT	EUT7010CRF21	\$145,543.86	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
079175989	ATHENS PUBLIC SCHOOLS	ATHENS7010CRF21	\$149,920.62	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
079386086	MAINE CONNECTIONS ACADEMY, INC.	MECONNAC7010CRF21	\$156,340.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
786097944	RANGELEY LAKES REGIONAL SCHOOL	RSU787010CRF21	\$157,521.03	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
079413598	DAYTON SCHOOL DEPARTMENT	DAYTON7010CRF21	\$159,057.11	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
065869001	MAINE ARTS ACADEMY	MEARTSAC7010CRF21	\$159,961.90	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
079876562	ST GEORGE MUNICIPAL SCHOOL UNIT	STGEORGE7010CRF21	\$162,860.23	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
193228459	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM	TREMONT7010CRF21	\$163,949.58	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
959270398	SOUTH BRISTOL SCHOOL DEPARTMENT	NOBLEBORO7010CRF21	\$168,001.97	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
058055497	HANCOCK, TOWN OF	HANCOCK7010CRF21	\$169,768.32	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
060987260	GEORGE STEVENS ACADEMY	GEORGESTEVA7010CRF21	\$172,542.47	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100760313	MAINE SCHOOL UNION 69	LINCOLNVILL7010CRF21	\$172,719.99	\$18,133.00	Reimbursab	Saved -- Validated	Go to Sub Screen
123155657	MAINE VOCATIONAL REGION TEN	REGION107010CRF21	\$175,768.70	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
080955044	ACADIA ACADEMY	ACADIAAC7010CRF21	\$174,479.87	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
032525347	UNION 87 ORONO AND VEAZIE	VEAZIE7010CRF21	\$178,946.49	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
027007742	HARPSWELL COASTAL ACADEMY, INC.	HARPSWELL7010CRF21	\$179,659.66	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
111771601	LIMESTONE, TOWN OF	LIMESTON7010CRF21	\$179,845.15	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
030522833	TOWN OF PRINCETON	PRINCETON7010CRF21	\$180,924.70	\$0.00	Reimbursab	Saved --	Go to

DUNS/ Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status	Action
	SCHOOL DEPARTMENT					Validated	Sub Screen
193546462	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM	STHWSTHRB7021CRF21	\$183,843.68	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100651033	RSU 84	MSAD147010CRF21	\$188,189.06	\$137,959.67	Reimbursab	Saved -- Validated	Go to Sub Screen
100262211	ACTON, TOWN OF	ACTON7010CRF21	\$188,647.44	\$25,460.22	Reimbursab	Saved -- Validated	Go to Sub Screen
100650506	UNION SCHOOL DISTRICT 69	APPLETON7010CRF21	\$190,279.18	\$2,882.59	Reimbursab	Saved -- Validated	Go to Sub Screen
123275513	MAINE SCHOOL ADMINSTRATION DISTRICT 12	MSAD127010CRF21	\$191,481.06	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
077461648	GOOD WILL HOME ASSOCIATION	MEACADNATSC7010CRF21	\$192,428.17	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
961705378	SCHOOL UNION 93	SURRY7010CRF21	\$192,821.23	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
159147305	JOHN BAPST MEM HIGH SCHOOL	JOHNBAPMEM7010CRF21	\$193,109.44	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100028885	EASTON SCHOOL DISTRICT	EASTON7010CRF21	\$195,380.15	\$4,787.50	Reimbursab	Saved -- Validated	Go to Sub Screen
183992627	SCHOOL UNION 122	WOODLAND7010CRF21	\$195,937.55	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
193546397	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM - AOS 91	MTDERSERT7010CRF21	\$200,681.32	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
183993146	AOS 91	TRENTON7010CRF21	\$201,611.86	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
135792252	BLUE HILL SCHOOL DEPARTMENT	BLUEHILL7010CRF21	\$203,915.69	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
016211005	INDIAN TOWNSHIP PASSAMAQUODDY SCHOOL COMMITTEE	INDIANTWNSH7010CRF21	\$205,860.77	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
071746481	Maine Central Institute	MECENTRALINST7010CRF21	\$206,334.79	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100263169	GREENBUSH PUBLIC SCHOOLS	GREENBSH7010CRF21	\$208,046.55	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100262906	DEDHAM SCHOOL DEPARTMENT	DEDHAM7010CRF21	\$210,759.08	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
049196165	MAINE SCHOOL ADMINISTRATIVE DISTRICT 32	MSAD327010CRF21	\$216,237.48	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
030518997	WASHINGTON ACADEMY	030518997	\$220,305.19	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
183994201	PLEASANT POINT PASSAMAQUODDY SCHOOL COMMITTEE	PLEASANTPT7010CRF21	\$221,974.33	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
090330499	JEFFERSON SCHOOL	JEFFERSON7010CRF21	\$222,000.00	\$0.00	Reimbursab	Saved --	Go to

DUNS/ Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status	Action
	DEPARTMENT, THE TOWN OF					Validated	Sub Screen
097736680	SCHOOL ADMINISTRATIVE DISTRICT 8	MSAD087010CRF21	\$225,798.30	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
926319559	MAINE SCHOOL ADMINISTRATIVE DISTRICT #30	926319559	\$226,404.45	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
051106458	DENNYVILLE SCHOOL DEPARTMENT	EASTPORT7010F21	\$230,919.50	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
193303815	SCHOOL UNION 113	EMILLINCKT7010CRF21	\$231,165.09	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
183993518	MAINE SCHOOL UNION 69	HOPE7010CRF21	\$233,839.29	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
797529786	EAST MACHIAS SCHOOL DISTRICT	EMACHIAS7021CRF21	\$236,758.76	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
077460681	FOXCROFT ACADEMY	FOXCROFTAC701021	\$237,404.48	\$24,309.82	Reimbursab	Saved -- Validated	Go to Sub Screen
060996014	REGIONAL SCHOOL UNIT 83/MAINE SCHOOL ADMINISTRATIVE DISTRICT 13	MSAD137010CRF21	\$237,715.98	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
193557527	BRISTOL, TOWN OF	BRISTOL7010CRF21	\$242,661.81	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
878882935	Union School District 60	GREENVILLE7010CRF21	\$248,165.96	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
136908063	REGIONAL SCHOOL UNIT 45/MAINE SCHOOL ADMINISTRATIVE DISTRICT 45	MSAD457010CRF21	\$248,996.55	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
123118663	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM	BARHARBOR7010CRF21	\$254,644.81	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
117751672	REGION 8 MID-COAST SCHOOL OF TECHNOLOGY	REGION87010CRF21	\$256,581.90	\$81,656.00	Reimbursab	Saved -- Validated	Go to Sub Screen
080395694	MAINE LEARNING INNOVATIONS	MEVIRTUALAC7010CRF21	\$262,310.97	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
159144690	REGIONAL SCHOOL UNIT 33/MAINE SCHOOL ADMINISTRATIVE DISTRICT 33	MSAD337010CRF21	\$266,595.47	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
081214976	REGIONAL SCHOOL UNIT 89	RSU897010CRF21	\$266,689.73	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100263524	MILFORD PUBLIC SCHOOLS	MILFORD7010CRF21	\$268,247.89	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
114684145	REGIONAL SCHOOL UNIT 88/MAINE SCHOOL ADMINISTRATIVE DISTRICT 24	MSAD247010CRF21	\$272,039.09	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100262922	DEER ISLE/	DEERISLECS7010CRF21	\$279,633.93	\$0.00	Reimbursab	Saved --	Go to

DUNS/ Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status	Action
	STONINGTON CSD					Validated	Sub Screen
078455301	CORNVILLE REGIONAL CHARTER SCHOOL	CORNVILLE7010CRF21	\$283,005.34	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
040755741	ORRINGTON, TOWN OF	ORRINGTON7010CRF21	\$293,455.93	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
078454438	BAXTER ACADEMIES OF MAINE	BAXTERAC7010CRF21	\$296,078.01	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
144840415	BAILEYVILLE, TOWN OF	BAILEYVILLE7010CRF21	\$298,768.15	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
071736268	FRYBURG ACADEMY	FRYBURGAC7010CRF21	\$300,834.65	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
967756664	REGIONAL SCHOOL UNIT 50	RSU507010CRF21	\$312,238.78	\$45,132.08	Reimbursab	Saved -- Validated	Go to Sub Screen
077477594	LINCOLN ACADEMY	LINCOLINAC7010CRF21	\$322,573.16	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
077470516	GREAT SALT BAY COMMUNITY SCHOOL DISTRICT	GREATSLTBY7010CRF21	\$322,886.21	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
859684508	Maine Vocational Region 11	REGION117010CRF21	\$329,313.77	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
030518914	SCHOOL ADMINISTRATIVE DISTRICT 42	MSAD427010CRF21	\$334,675.73	\$13,612.68	Reimbursab	Saved -- Validated	Go to Sub Screen
113778349	GLENBURN SCHOOL DEPARTMENT	GLENBURN7010CRF21	\$342,855.31	\$47,270.27	Reimbursab	Saved -- Validated	Go to Sub Screen
097740815	ERSKINE ACADEMY	ERSKINEAC7010CRF21	\$350,498.32	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
800903494	SCHOOL UNION 52	VASSALBORO7010CRF21	\$353,783.58	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
034422493	MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 64	MSAD637010CRF21	\$363,845.71	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100029156	MADAWASKA SCHOOL DEPARTMENT	MADAWASKA7010CRF21	\$376,656.53	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
193546397	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM - AOS 91	MTDESERTCSD7010CRF21	\$391,723.35	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
193303971	BOOTHBAY HARBOR COMMUNITY SCHOOL DISTRICT 903	BOOTHBYHRB7010CRF21	\$396,179.21	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
086887635	SCHOOL ADMINISTRATIVE DISTRICT #31	MSAD317010CRF21	\$404,384.54	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
831034991	REGIONAL SCHOOL UNIT NO. 20	RSU207010CRF21	\$424,667.60	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
793132221	UNITED TECHNOLOGIES CENTER- REGION 4	REGION47010CRF21	\$424,942.72	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
051344679	REGIONAL SCHOOL	MSAD707010CRF21	\$426,827.01	\$305,600.48	Reimbursab	Saved --	Go to

DUNS/ Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status	Action
	UNIT 70/MAINE SCHOOL ADMINISTRATIVE DISTRICT 70					Validated	Sub Screen
046521886	SCHOOL ADMIN DISTRICT 20	MSAD207010CRF21	\$443,445.85	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
158349191	REGIONAL SCHOOL UNIT 12	WISCASSET7010CRF21	\$448,737.22	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100029230	MILLINOCKET SCHOOL DISTRICT	MILLINOCKET7010CRF21	\$449,024.20	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
169183357	REGIONAL SCHOOL UNIT 80/MAINE SCHOOL ADMINISTRATIVE DISTRICT 4	MSAD047010CRF21	\$470,759.34	\$133,056.03	Reimbursab	Saved -- Validated	Go to Sub Screen
183994128	SCHOOL UNION 102	MACHIAS010CRF21	\$483,345.89	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
037719952	REGIONAL SCHOOL UNIT 87	msad237010crf21	\$506,539.69	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
049226756	MAINE SCHOOL ADMINISTRATIVE DISTRICT 59	MSAD587010CRF21	\$531,805.36	\$46,474.90	Reimbursab	Saved -- Validated	Go to Sub Screen
096935049	FIVE TOWN COMMUNITY SCHOOL DISTRICT	FIVETWNCSD7010CRF21	\$535,209.90	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
122800840	MAINE SCHOOL ADMINISTRATIVE DISTRICT 28	MSAD287010CRF21	\$537,667.02	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
183994243	MAINE SCHOOL ADMINISTRATIVE DISTRICT 60	MSAD597010CRF21	\$549,679.13	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100030105	REGIONAL SCHOOL UNIT 53/MAINE SCHOOL ADMINISTRATIVE DISTRICT 53	MSAD537010CRF21	\$557,002.36	\$123,988.62	Reimbursab	Saved -- Validated	Go to Sub Screen
830698218	REGIONAL SCHOOL UNIT #23	RSU237010CRF21	\$564,197.74	\$185,607.18	Reimbursab	Saved -- Validated	Go to Sub Screen
159145119	MAINE SCHOOL ADMIN DISTRICT 74	MSAD747010CRF21	\$565,946.91	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
093633931	REGIONAL SCHOOL UNIT #44	MSAD447010CRF21	\$571,069.04	\$90,163.77	Reimbursab	Saved -- Validated	Go to Sub Screen
077470698	SCHOOL ADMIN DISTRICT 41	MSAD417010CRF21	\$573,865.26	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
042051177	MSAD 68	MSAD687010CRF21	\$586,788.92	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
077476745	MAINE SCHOOL ADMINISTRATION DISTRICT 37	MSAD377010CRF21	\$630,662.37	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
113778349	GLENBURN SCHOOL DEPARTMENT	RSU267010CRF21	\$634,582.61	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
788129351	MAINE SCHOOL ADMINISTRATIVE DISTRICT 72	MSAD727010CRF21	\$634,656.81	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen

DUNS/ Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status	Action
962649534	CALAIS, CITY OF	CALAIS7010CRF21	\$647,674.68	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
186663485	WINTHROP PUBLIC SCHOOLS	WINTHROP7010CRF21	\$658,477.16	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
829736185	REGIONAL SCHOOL UNIT 10	RSU567010CRF21	\$684,092.97	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
047069562	MAINE SCHOOL ADMINISTRATIVE DIST 27	MSAD277010CRF21	\$709,306.54	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
968246459	REGIONAL SCHOOL UNIT NO 24	RSU247010CRF21	\$733,550.91	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
093629822	KITTERY, TOWN OF	KITTERY7010CRF21	\$778,962.92	\$69,873.72	Reimbursab	Saved -- Validated	Go to Sub Screen
612686907	REGIONAL SCHOOL UNIT NO. 67	RSU677010CRF21	\$796,687.06	\$97,787.76	Reimbursab	Saved -- Validated	Go to Sub Screen
830793308	Sheepscot Valley Regional School Unit 12	RSU127010CRD21	\$834,625.89	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100977024	TRUSTEES OF THORNTON ACADEMY (INC)	THORNTONACA7010CRF21	\$841,632.39	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
943417923	SCHOOL ADMINISTRATIVE DISTRICT 55	MSAD557010CRF21	\$864,396.19	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
015967362	SCHOOL ADMIN DISTRICT 65	MSAD647010CRF21	\$881,600.65	\$38,361.79	Reimbursab	Saved -- Validated	Go to Sub Screen
830616210	REGIONAL SCHOOL NO. 38	RSU387010CRF21	\$900,491.74	\$7,801.00	Reimbursab	Saved -- Validated	Go to Sub Screen
830759960	REGIONAL SCHOOL UNIT NO. 25	RSU257010CRF21	\$950,437.17	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100266022	Winslow, Town Of	WINSLOW7010CRF21	\$956,622.59	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
159145309	WELLS OGUNQUIT COMMUNITY SCHOOL DISTRICT	WELLSOGUN7010CRF21	\$988,485.18	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
031029978	MAINE SCHOOL ADMINISTRATION DISTRICT 46	MSAD467010CRF21	\$989,244.22	\$180,952.00	Reimbursab	Saved -- Validated	Go to Sub Screen
028370971	Town Of Hermon	HERMON7010CRF21	\$996,302.03	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
195754569	Town of Cape Elizabeth	CAPELIZABETH7010CRF21	\$1,052,760.36	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100760313	MAINE SCHOOL UNION 69	LISBON7010CRF21	\$1,084,261.10	\$11,349.37	Reimbursab	Saved -- Validated	Go to Sub Screen
100262849	REGIONAL SCHOOL UNIT 39	RSU397010CRF21	\$1,114,376.30	\$15,816.73	Reimbursab	Saved -- Validated	Go to Sub Screen
097730683	SCHOOL ADMINISTRATIVE DISTRICT 3	MSAD37010CRF21	\$1,123,443.21	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
604440651	TOWN OF YORK	YORK7010CRF21	\$1,135,423.78	\$0.00	Reimbursab	Saved --	Go to

DUNS/ Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status	Action
						Validated	Sub Screen
073993503	YARMOUTH, TOWN OF	YARMOUTH7010CRF21	\$1,140,864.78	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
832229970	Regional School Unit No 4	RSU47010CRF21	\$1,187,580.12	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
968474978	Regional School Unit 36	RSU737010CRF21	\$1,189,313.96	\$17,406.32	Reimbursab	Saved -- Validated	Go to Sub Screen
049024979	RSU 29/MSAD 29	MSAD297010CRF21	\$1,196,381.17	\$129,370.29	Reimbursab	Saved -- Validated	Go to Sub Screen
077022651	Ellsworth Public Schools	ELLSWORTH7010CRF21	\$1,257,508.53	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
830636127	REGIONAL SCHOOL UNIT 34	RSU347010CRF21	\$1,304,944.03	\$74,841.53	Reimbursab	Saved -- Validated	Go to Sub Screen
079756303	REGIONAL SCHOOL UNIT #71	RSU717010CRF21	\$1,332,661.62	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100028752	BREWER SCHOOL DEPARTMENT	BREWER7010CRF21	\$1,342,644.64	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
003024999	Regional School Unit 13	RSU137010CRF21	\$1,405,715.78	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
867703605	REGIONAL SCHOOL UNIT 16	RSU167010CRF21	\$1,413,199.37	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
019224260	FALMOUTH, TOWN OF	FALMOUTH7010CRF21	\$1,426,726.76	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
083185215	SACO, CITY OF	SACO7010CRF21	\$1,434,882.09	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
086875309	Regional School Unit 51	MSAD517010CRF21	\$1,448,743.66	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
030522916	SCHOOL ADMINISTRATIVE DISTRICT #15	MSAD157010CRF21	\$1,485,754.39	\$74,291.37	Reimbursab	Saved -- Validated	Go to Sub Screen
832319813	Rsu No. 5	RSU057010CRF21	\$1,489,318.66	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
046499240	Maine School Administrative District 1	MSAD017010CRF21	\$1,532,638.53	\$85,045.33	Reimbursab	Saved -- Validated	Go to Sub Screen
833017291	Regional School Unit 2	RSU027010CRF21	\$1,550,555.08	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
183994235	Regional School Unit 35/ Maine School Administrative District 35	MSAD357010CRF21	\$1,565,346.89	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
943095190	REGIONAL SCHOOL UNIT 63	MSAD617010CRF21	\$1,568,972.17	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
949543359	Maine School Administrative District 52	MSAD527010CRF21	\$1,606,686.55	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
077469328	Regional School Unit 40/ Maine School	MSAD407010CRF21	\$1,615,465.22	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen

DUNS/ Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status	Action
	Administrative District 40						Screen
785837451	Regional School Unit 19	RSU197010CRF21	\$1,618,390.22	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
037715208	SCHOOL ADMIN DISTRICT 11	MSAD117010CRF21	\$1,623,236.10	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
824758119	Regional School Unit 01	RSU017010CRF21	\$1,638,580.27	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
829736185	REGIONAL SCHOOL UNIT 10	RSU107010CRF21	\$1,647,898.36	\$523,052.79	Reimbursab	Saved -- Validated	Go to Sub Screen
077464956	REGIONAL SCHOOL UNIT 21	RSU217010CRF21	\$1,811,678.44	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
097729677	SCHOOL ADMINISTRATIVE DISTRICT NO 49	MSAD497010CRF21	\$1,822,528.50	\$54,369.29	Reimbursab	Saved -- Validated	Go to Sub Screen
051783587	WATERVILLE PUBLIC SCHOOLS	WATERVILLE7010CRF21	\$1,831,963.57	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
026562124	REGIONAL SCHOOL UNIT 22	RSU227010CRF21	\$1,863,645.61	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100262757	Brunswick School Department	BRUNSWICK7010CRF21	\$1,879,397.38	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
114407872	Maine School Administrative District No 75	MSAD757010CRF21	\$1,959,406.84	\$33,907.08	Reimbursab	Saved -- Validated	Go to Sub Screen
171715563	Gorham School District	GORHAM7010CRF21	\$2,011,877.80	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
086885340	SCARBOROUGH, TOWN OF	SCARBORGH7010CRF21	\$2,120,670.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
060992898	Regional School Unit No 18	RSU187010CRF21	\$2,132,806.87	\$199,696.42	Reimbursab	Saved -- Validated	Go to Sub Screen
071740468	AUGUSTA, CITY OF	AUGUSTA7010CRF21	\$2,215,518.69	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
086577850	MT BLUE REGIONAL SCHOOL DISTRICT	RSU097010CRF21	\$2,236,259.19	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
162017933	Regional School Union 54	MSAD547010CRF21	\$2,328,155.22	\$185,213.18	Reimbursab	Saved -- Validated	Go to Sub Screen
193420002	MSAD 61	MSAD607010CRF21	\$2,354,310.90	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
126268981	BIDDEFORD, CITY OF	BIDDEFORD7010CRF21	\$2,380,249.25	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
051616050	Regional School Unit 58/ Maine School Administrative District 58	MSAD577010CRF21	\$2,393,663.47	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
037710373	SOUTH PORTLAND, CITY OF	STHPORTLAND7010CRF21	\$2,425,384.99	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
159147016	RSU 14 WINDHAM RAYMOND SCHOOL DISTRICT	RSU147010CRF21	\$2,427,902.54	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen

DUNS/ Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status	Action
073995102	WESTBROOK, CITY OF	WESTBROOK7010CRF21	\$2,475,178.73	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
183318666	MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 6	MSAD067010CRF21	\$2,770,645.63	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100028620	AUBURN SCHOOL DEPARTMENT	AUBURN7010CRF21	\$2,940,288.51	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
859684508	Maine Vocational Region 11	MSAD177010CRF21	\$2,948,871.27	\$149,046.69	Reimbursab	Saved -- Validated	Go to Sub Screen
071739692	BANGOR, CITY OF	BANGOR7010CRF21	\$3,080,457.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
832327402	SANFORD SCHOOL DEPARTMENT	SANFORD7010CRF21	\$3,182,636.53	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
198854978	Lewiston Public Schools	LEWISTON7010CRF21	\$5,547,136.22	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
071747802	PORTLAND, CITY OF	PORTLAND7010CRF21	\$6,238,716.46	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
114407872	Maine School Administrative District No 75	MSAD757011AE21	\$54,754.30	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
198854978	Lewiston Public Schools	LEWISTON7011AE21	\$82,338.07	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
071747802	PORTLAND, CITY OF	PORTLAND7011AE21	\$208,996.13	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
077469328	Regional School Unit 40/ Maine School Administrative District 40	MSAD407020MDP21	\$51,800.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
195754569	Town of Cape Elizabeth	CAPELIZABTH7020MDP21	\$57,382.68	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
086885340	SCARBOROUGH, TOWN OF	SCARBOROUGH7020MDP21	\$59,160.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
030522916	SCHOOL ADMINISTRATIVE DISTRICT #15	MSAD157020MDP21	\$59,500.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
093629822	KITTERY, TOWN OF	KITTERY7020MDP21	\$61,027.62	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
019224260	FALMOUTH, TOWN OF	FALMOUTH7020MDP21	\$61,588.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
040755741	ORRINGTON, TOWN OF	ORRINGTON7020MDP21	\$63,541.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
830759960	REGIONAL SCHOOL UNIT NO. 25	RSU257020MDP21	\$72,959.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100263268	LAMOINE CONSOLIDATED ELEMENTARY SCHOOL	LAMOINE7020MDP21	\$84,256.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
073993503	YARMOUTH, TOWN OF	YARMOUTH7020MDP21	\$93,550.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
604440651	TOWN OF YORK	YORK7020MDP21	\$95,059.65	\$0.00	Reimbursab	Saved --	Go to

DUNS/ Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status	Action
						Validated	Sub Screen
060992898	Regional School Unit No 18	RSU187020MDP21	\$108,285.06	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
832327402	SANFORD SCHOOL DEPARTMENT	SANFORD7020MDP21	\$116,300.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100266022	Winslow, Town Of	WINSLOW7020MDP21	\$117,200.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
962649534	CALAIS, CITY OF	CALAIS7020MDP21	\$117,910.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
171715563	Gorham School District	GORHAM7020MDP21	\$124,843.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
073995102	WESTBROOK, CITY OF	WESTBROOK7020MDP21	\$127,788.69	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
037715208	SCHOOL ADMIN DISTRICT 11	MSAD117020MDP21	\$130,000.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
037710373	SOUTH PORTLAND, CITY OF	STHPORTLAND7020MDP21	\$144,900.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
058055497	HANCOCK, TOWN OF	HANCOCK7020MDP21	\$146,996.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
032525347	UNION 87 ORONO AND VEAZIE	VEAZIE7020MDP21	\$154,276.56	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100028752	BREWER SCHOOL DEPARTMENT	BREWER7020MDP21	\$166,640.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
833017291	Regional School Unit 2	RSU027020MDP21	\$169,495.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
113778349	GLENBURN SCHOOL DEPARTMENT	RSU267020MDP21	\$198,110.45	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
198854978	Lewiston Public Schools	LEWISTON7020MDP21	\$210,741.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
097729677	SCHOOL ADMINISTRATIVE DISTRICT NO 49	MSAD497020MDP21	\$215,673.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100262757	Brunswick School Department	BRUNSWICK7020MDP21	\$226,800.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
830636127	REGIONAL SCHOOL UNIT 34	RSU347020MDP21	\$261,680.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
162017933	Regional School Union 54	MSAD547020MDP21	\$293,000.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
077022651	Ellsworth Public Schools	ELLSWORTH7020MDP21	\$301,760.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
037719952	REGIONAL SCHOOL UNIT 87	MSAD237020MDP21	\$326,695.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
051783587	WATERVILLE PUBLIC SCHOOLS	WATERVILLE7020MDP21	\$380,000.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen

DUNS/ Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status	Action
							Screen
071740468	AUGUSTA, CITY OF	AUGUSTA7020MDP21	\$441,966.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
026562124	REGIONAL SCHOOL UNIT 22	RSU227020MDP21	\$456,904.41	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
028370971	Town Of Hermon	HERMON7020MDP21	\$703,774.93	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
100028620	AUBURN SCHOOL DEPARTMENT	AUBURN7020MDP21	\$730,975.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen
071747802	PORTLAND, CITY OF	PORTLAND7020MDP21	\$1,091,759.00	\$0.00	Reimbursab	Saved -- Validated	Go to Sub Screen

Loans >=\$50,000

U.S. DEPARTMENT OF THE TREASURY

Office of Inspector General (OIG)

Pandemic Response Accountability Committee (PRAC)

Financial Progress Report (FPR)

Loan >= \$50,000

DUNS/ Identification Number	Borrower Name	Loan Number	Loan Amount	Current Quarter Payments	Status
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Transfers >=\$50,000

U.S. DEPARTMENT OF THE TREASURY
Office of Inspector General (OIG)
Pandemic Response Accountability Committee (PRAC)

Financial Progress Report (FPR)
Transfers >=\$50,000

DUNS/ Identification Number	Transferee/Government Unit Name	Transfer Number	Transfer Amount	Current Quarter Expenditures	Transfer Type	Status
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Direct >=\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)
Financial Progress Report(FPR) Direct Payments >=\$50,000

DUNS/ Identification Number	Payee Name	Obligation Amount	Current Quarter Expenditures	Status	
VC1000073	Presidio Network	\$1,275,736.00	\$1,275,736. 00	Saved -- Validated	Go to Sub Screen
611429481	SHI INTERNATIONAL CORP.	\$231,235.00	\$231,235.00	Saved -- Validated	Go to Sub Screen

Aggregate Awards of <\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)						
Financial Progress Report(FPR) Aggregate Awards of <\$50,000						
		A	B	C	D	E
	Funding Type	Updates this Quarter?*	Current Quarter Obligation	Cumulative Obligation	Current Quarter Expenditure/Payments	Cumulative Expenditure/Payments
109	Aggregate of Contracts Awarded for <\$50,000	Yes	\$258,155.30	\$421,637.10	\$258,155.30	\$421,637.10
110	Aggregate of Grants Awarded for <\$50,000	Yes	\$8,055.00	\$8,055.00	\$8,055.00	\$8,055.00
111	Aggregate of Loans Issued for <\$50,000	No	\$0.00	\$0.00	\$0.00	\$0.00
112	Aggregate of Transfers <\$50,000	Yes	\$8,007.16	\$8,007.16	\$8,007.16	\$8,007.16
113	Aggregate of Direct Payments <\$50,000	Yes	\$199,568.12	\$591,979.12	\$199,568.12	\$591,979.12
Total:			\$473,785.58	\$1,029,678.38	\$473,785.58	\$1,029,678.38

Aggregate Payments to Individuals

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)					
Financial Progress Report (FPR) Aggregate Payment to Individuals					
	A	B	C	D	E
	Updates this Quarter?*	Current Quarter Obligation	Cumulative Obligation	Current Quarter Expenditure	Cumulative Expenditure
114	Aggregate of Direct Payments to Individuals Yes	\$64,110,940.96	\$351,059,596.62	\$64,110,940.96	\$351,059,596.62

Totals

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)					
Financial Progress Report(FPR) Totals					
115	Coronavirus Relief Funds Received				\$1,250,000,000.00
		A	B	C	D
		Obligations	Current Quarter Expenditures	Cumulative Expenditures	Net Obligation
116	Contracts >=\$50,000	\$14,994,172.68	\$6,200,988.37	\$8,393,338.53	\$6,600,834.15
117	Grants >=\$50,000	\$163,539,064.27	\$3,246,934.47	\$3,246,934.47	\$160,292,129.80
118	Transfers >=\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
119	Direct >=\$50,000	\$1,506,971.00	\$1,506,971.00	\$1,506,971.00	\$0.00
120	Aggregate Contracts <\$50,000	\$421,637.10	\$258,155.30	\$421,637.10	\$0.00
121	Aggregate Grants <\$50,000	\$8,055.00	\$8,055.00	\$8,055.00	\$0.00
122	Aggregate Transfers <\$50,000	\$8,007.16	\$8,007.16	\$8,007.16	\$0.00
123	Aggregate Direct <\$50,000	\$591,979.12	\$199,568.12	\$591,979.12	\$0.00
124	Aggregate Payments to Individuals	\$351,059,596.62	\$64,110,940.96	\$351,059,596.62	\$0.00
125	Total	\$532,129,482.95	\$75,539,620.38	\$365,236,519.00	\$166,892,963.95
		Obligations	Current Quarter Payments	Cumulative Payments	Net Obligation
126	Loans >=\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
127	Aggregate Loans <\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
128	Total	\$0.00	\$0.00	\$0.00	\$0.00
129	Available Balance of CRF funds before Loan Repayment				\$717,870,517.05
130	Cumulative Loan Payments				\$0.00
131	Total Available Balance of CRF funds				\$717,870,517.05
<p>I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate, and the information is provided for the purposes and intent set forth in the CARES Act, P.L. 116-136. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code, Title 18, Section 1001 and Title 31, Sections 3729-3733 and 3801-3812)</p>					
132a. Name of Authorized Official		132b. Email Address			
132c. Signature of Authorized Certifying Official		132d. Date Report Submitted (Month, Day, Year)			

Sub Screen: Direct 1

103	Sub-Recipient Organization (Payee)*	Presidio Network-VC1000073
104	Obligation Amount*	\$1,275,736.00
105	Obligation Date *	07/31/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0083F21 - IT Security Tools	\$1,275,736.00	\$1,275,736.00	\$1,275,736.00	\$1,275,736.00
Total		\$1,275,736.00	\$1,275,736.00	\$1,275,736.00	\$1,275,736.00

Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0083F21 - IT Security Tools	07/31/2020	09/30/2020	\$1,275,736.00	Improve Telework Capabilities of Public Employees		
Total:							\$1,275,736.00

Sub Screen: Grant 1

54	Sub-Recipient Organization (Awardee)*	AIRLINE COMMUNITY SCHOOL-100262245
55	Award Number*	AIRLINECSD7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$55,451.00
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	19 School St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Orrington
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04474-3435
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$55,451.00	\$55,451.00	\$0.00	\$0.00
Total		\$55,451.00	\$55,451.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 2

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	825229318	Verified
22	Identification Number		
23	Legal Name*	MCKINSEY & COMPANY, INC. WASHINGTON D.C.	
24	Address Line 1*	1200 19TH ST NW STE 1000	
25	Address Line 2		
26	Address Line 3		
27	City Name*	WASHINGTON	
28	State Code*	DC	
29	Zip+4*	20036-2427	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	98	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Contractor Name 3

34	Sub-Recipient Organization (Contractor)*	MCKINSEY & COMPANY, INC. WASHINGTON D.C.-825229318		
35	Contract Number*	2020*3895		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$1,780,000.00		
38	Contract Date *	06/15/2020		
39	Period of Performance Start Date *	06/15/2020		
40	Period of Performance End Date *	08/30/2020		
41	Primary Place of Performance Address Line 1 *	45 Commerce Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-7889		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	The Department of Labor is contracting with McKinsey & Company for analysis and recommendations on the Unemployment Insurance program operations. The COVID-19 pandemic has underscored operational issues concerning data availability, reporting, and processing of Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation claims. As a result of this agreement, the Department will improve timeliness and efficiency of operations, reduce incidence of fraud, improve accuracy of claims processing, increase transparency regarding the status of unemployment claims, create and maintain optimal communications and reporting plans.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV033F20-1 - DOL McKinsey Contract 1	\$0.00	\$1,780,000.00	\$1,424,000.00	\$1,780,000.00
Total		\$0.00	\$1,780,000.00	\$1,424,000.00	\$1,780,000.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV033F20-1 - DOL McKinsey Contract 1	06/15/2020	06/30/2020	\$356,000.00	Administrative Expenses	
Total:						\$356,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV033F20-1 - DOL McKinsey Contract 1	07/01/2020	09/30/2020	\$1,424,000.00	Administrative Expenses		
Total:							\$1,424,000.00

Sub Screen: Grant 2

54	Sub-Recipient Organization (Awardee)*	GEORGETOWN SCHOOL DEPARTMENT-009412292		
55	Award Number*	GEORGETWN7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$56,791.28
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 436		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Georgetown		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04548-0436		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$56,791.28	\$56,791.28	\$0.00	\$0.00
Total		\$56,791.28	\$56,791.28	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 3

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	831749648		
23	Legal Name*	Atlantic Staffing & Payroll Services		
24	Address Line 1*	5 Talbot Way		
25	Address Line 2			
26	Address Line 3			
27	City Name*	South Portland		
28	State Code*	ME		
29	Zip+4*	04106-6970		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 2

34	Sub-Recipient Organization (Contractor)*	Atlantic Staffing & Payroll Services-831749648		
35	Contract Number*	CT 20200407000000010114 and CT 20200505000000010916		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$163,520.00		
38	Contract Date *	04/01/2020		
39	Period of Performance Start Date *	04/01/2020		
40	Period of Performance End Date *	12/31/2020		
41	Primary Place of Performance Address Line 1 *	35 Anthony Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6137		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	This contract is for temporary staffing positions which are needed to assist with the mitigation and treatment of COVID-19. Staffing 1: The main purpose of the job is to update and maintain modeling of the spread of COVID-19 in Maine and the resources required to treat those positive cases. Staffing 2: Assist the Department in the short term and long term planning, strategy and procurement of PPE. Includes developing goals, strategies, procurement plans, risk mitigation strategies and procurement partnerships.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0023F20 - DHHS Temp Staff	\$0.00	\$163,520.00	\$0.00	\$43,858.00
Total		\$0.00	\$163,520.00	\$0.00	\$43,858.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0023F20 - DHHS Temp Staff	04/01/2020	06/30/2020	\$43,858.00	Administrative Expenses	
Total:						\$43,858.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1				\$0.00			
Total:							\$0.00

Sub Screen: Direct 2

103	Sub-Recipient Organization (Payee)*	SHI INTERNATIONAL CORP.-611429481
104	Obligation Amount*	\$231,235.00
105	Obligation Date *	07/31/2020

Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0083F21 - IT Security Tools	\$231,235.00	\$231,235.00	\$231,235.00	\$231,235.00
Total		\$231,235.00	\$231,235.00	\$231,235.00	\$231,235.00

Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0083F21 - IT Security Tools	07/31/2020	09/30/2020	\$231,235.00	Improve Telework Capabilities of Public Employees		
Total:							\$231,235.00

Sub Screen: Grant 3

54	Sub-Recipient Organization (Awardee)*	CASTINE SCHOOL DEPARTMENT-189344955		
55	Award Number*	CASTINE7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$58,562.23
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 204		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Castine		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04421-0204		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$58,562.23	\$58,562.23	\$0.00	\$0.00
Total		\$58,562.23	\$58,562.23	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 4

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	833646636		
23	Legal Name*	Ethos Marking & Design		
24	Address Line 1*	17 Ash St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Westbrook		
28	State Code*	ME		
29	Zip+4*	04092-3452		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 3

34	Sub-Recipient Organization (Contractor)*	Ethos Marking & Design-833646636		
35	Contract Number*	CT 2018022800000002563		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$250,000.00		
38	Contract Date *	03/01/2018		
39	Period of Performance Start Date *	05/01/2020		
40	Period of Performance End Date *	06/30/2020		
41	Primary Place of Performance Address Line 1 *	17 Ash St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Westbrook		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04092-3452		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Public Service Announcements for reopening state services due to COVID 19 interruption of services- includes creative concept development; public relations/social content development and execution; creative costs (design & production); develop videos and purchase traditional and digital media; interactive- design and develop website		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0023F20-1 - DHHS PSA	\$0.00	\$250,000.00	-\$206,154.00	\$43,846.00
Total		\$0.00	\$250,000.00	-\$206,154.00	\$43,846.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0023F20-1 - DHHS PSA	05/01/2020	06/30/2020	\$250,000.00	Public Health Expenses	
Total:						\$250,000.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0023F20-1 - DHHS PSA	07/01/2020	09/30/2020	-\$206,154.00	Public Health Expenses		
Total:							-\$206,154.00

Sub Screen: Grant 4

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 07/MSAD 07-618276252
55	Award Number*	MSAD077010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$66,209.54
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	99 Pulpit Harbor Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	North Haven
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04853-3100
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$66,209.54	\$66,209.54	\$0.00	\$0.00
Total		\$66,209.54	\$66,209.54	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 5

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	078805217		Verified
22	Identification Number			
23	Legal Name*	SAVILINX, LLC		
24	Address Line 1*	74 ORION ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BRUNSWICK		
28	State Code*	ME		
29	Zip+4*	04011-5031		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Contractor Name 5

34	Sub-Recipient Organization (Contractor)*	SAVILINX, LLC-078805217		
35	Contract Number*	2020*777		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$2,641,000.00		
38	Contract Date *	04/01/2020		
39	Period of Performance Start Date *	04/01/2020		
40	Period of Performance End Date *	03/31/2021		
41	Primary Place of Performance Address Line 1 *	45 Commerce Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-7889		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	This contract includes the cost of a call center to respond to the increased number of calls regarding unemployment due to people losing their employment as a result of COVID-19.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV033F20 - DOL UI Call Center Support	\$1,540,837.00	\$4,181,837.00	\$1,540,837.00	\$2,882,696.16
Total		\$1,540,837.00	\$4,181,837.00	\$1,540,837.00	\$2,882,696.16

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV033F20 - DOL UI Call Center Support	04/01/2020	06/30/2020	\$1,341,859.16	Administrative Expenses	
Total:						\$1,341,859.16

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV033F20 - DOL UI Call Center Support	07/01/2020	09/30/2020	\$1,540,837.00	Administrative Expenses		
Total:						\$1,540,837.00	

Sub Screen: Grant 5

54	Sub-Recipient Organization (Awardee)*	TOWN OF SOUTH BRISTOL-100265719		
55	Award Number*	STHBRISTOL7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$66,517.98
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	470 Clarks Cove Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Walpole		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04573-3315		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$66,517.98	\$66,517.98	\$0.00	\$0.00
Total		\$66,517.98	\$66,517.98	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 6

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	832042571		
23	Legal Name*	MPX		
24	Address Line 1*	2301 Congress St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Portland		
28	State Code*	ME		
29	Zip+4*	04102-1907		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input checked="" type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 5

34	Sub-Recipient Organization (Contractor)*	MPX-832042571		
35	Contract Number*	MA 18P 140330*0111		
36	Contract Type*	Delivery Order		
37	Contract Amount*	\$200,633.00		
38	Contract Date *	03/01/2017		
39	Period of Performance Start Date *	03/02/2020		
40	Period of Performance End Date *	06/30/2020		
41	Primary Place of Performance Address Line 1 *	2301 Congress St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Portland		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04102-1907		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	The cost of postage and printing for mailing items related to unemployment compensation in response to the increased number of unemployment claims due to COVID-19 interruption or closure of services.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV033F20 - DOL UI Call Center Support	\$4,450.00	\$205,083.00	\$4,450.00	\$205,083.00
Total		\$4,450.00	\$205,083.00	\$4,450.00	\$205,083.00

Previous Expenditures (All previous quarters)

	52 A	52 B		52 C	52 D	52 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV033F20 - DOL UI Call Center Support	04/01/2020	06/30/2020	\$200,633.00	Administrative Expenses	
Total:						\$200,633.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV033F20 - DOL UI Call Center Support	07/01/2020	09/30/2020	\$4,450.00	Administrative Expenses		
Total:							\$4,450.00

Sub Screen: Contractor Name 6

34	Sub-Recipient Organization (Contractor)*	GETWELLNETWORK, INC.-105224849		
35	Contract Number*	CT 2020072300000000258		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$500,000.00		
38	Contract Date *	08/10/2020		
39	Period of Performance Start Date *	08/10/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	7700 Old Georgetown Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Bethesda		
45	Primary Place of Performance State Code *	MD		
46	Primary Place of Performance Zip+4 *	20814-6100		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	8		
50	Contract Description *	Keep Maine Healthy - COVID-19 Symptom Checker and Pledge		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0071F21 - DECD Application Development with MTI	\$500,000.00	\$500,000.00	\$0.00	\$0.00
Total		\$500,000.00	\$500,000.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 6

54	Sub-Recipient Organization (Awardee)*	HARMONY SCHOOL DISTRICT-159145556		
55	Award Number*	HARMONY7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$73,213.28		
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 14		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Harmony		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04942-0014		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$73,213.28	\$73,213.28	\$0.00	\$0.00
Total		\$73,213.28	\$73,213.28	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 6

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100262245	Verified
22	Identification Number		
23	Legal Name*	AIRLINE COMMUNITY SCHOOL	
24	Address Line 1*	26 GREAT POND RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	AURORA	
28	State Code*	ME	
29	Zip+4*	04408-7032	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 7

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	009412292		Verified
22	Identification Number			
23	Legal Name*	GEORGETOWN SCHOOL DEPARTMENT		
24	Address Line 1*	52 BAY POINT RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GEORGETOWN		
28	State Code*	ME		
29	Zip+4*	04548-3325		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 8

34	Sub-Recipient Organization (Contractor)*	Stratosphere Technical Consulting, LLC-111734496		
35	Contract Number*	CT 18B 20180928*1171		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$101,150.00		
38	Contract Date *	08/24/2020		
39	Period of Performance Start Date *	08/26/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall Street - Cross Office Building		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04333-0001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	ENHANCEMENTS TO MAINEPAYS to facilitate a paperless process for journals and internal billings for remote work.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0090F21 - DAFS MainePays Enhancements	\$101,150.00	\$101,150.00	\$0.00	\$0.00
Total		\$101,150.00	\$101,150.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 7

54	Sub-Recipient Organization (Awardee)*	SCHOOL UNION 93-100760438
55	Award Number*	BROOKSVILLE7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$75,244.84
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 314
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Brooksville
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04617-0314
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$75,244.84	\$75,244.84	\$0.00	\$0.00
Total		\$75,244.84	\$75,244.84	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 8

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	189344955		Verified
22	Identification Number			
23	Legal Name*	CASTINE SCHOOL DEPARTMENT		
24	Address Line 1*	27 SCHOOL ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CASTINE		
28	State Code*	ME		
29	Zip+4*	04421		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 9

34	Sub-Recipient Organization (Contractor)*	CATHOLIC CHARITIES MAINE-804432805		
35	Contract Number*	COM-20-4011		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$320,000.00		
38	Contract Date *	07/22/2020		
39	Period of Performance Start Date *	07/22/2020		
40	Period of Performance End Date *	11/30/2020		
41	Primary Place of Performance Address Line 1 *	307 Congress St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Portland		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04101-3638		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	<p>1. Psychosocial care psychological and emotional first aid. This service assures that the person, family, and community can understand the need for the public health response and are provided support to address the associated uncertainties and fears. 2. Housing to assure safe quarantine and isolation for patient/contact safety and to prevent transmission of the virus. Housing services are to be provided by Maine State Housing Authority. 3. Food security and support assure food is available for all in persons in isolation/quarantine. If not link to support for shopping and delivery, meals on wheels, or other mechanisms to provide food. 4. Health prevention activities and medical referral available as needed in situations where symptoms occur or worsen. This includes cases and controls and will require collaboration with Maine CDC to assure information is seamlessly and confidentially shared. In some cases, providing thermometers and masks may be undertaken. 5. Communication and social mobilization to assure that a community and its representative agencies are aware of COVID pandemic prevention and response actions and to prevent stigmatization or harms to all persons. 6. Address transportation needs. 7. Provide interpreter and cultural brokering services.</p>		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0059F21 - DHHS CAP Agency	\$184,979.50	\$184,979.50	\$184,979.50	\$184,979.50
Total		\$184,979.50	\$184,979.50	\$184,979.50	\$184,979.50

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0059F21 - DHHS CAP Agency	07/22/2020 09/30/2020	\$1,634.23	Administrative Expenses		
Line 2	CV0059F21 - DHHS CAP Agency	07/22/2020 09/30/2020	\$13,381.53	COVID-19 Testing and Contact Tracing		

Line 3	CV0059F21 - DHHS CAP Agency	07/22/2020	09/30/2020	\$169,963.74	Items Not Listed Above	2nd tier sub-recipient awards	
Total:							\$184,979.50

Sub Screen: Grant 8

54	Sub-Recipient Organization (Awardee)*	SCHOOL UNION 76 AND ISLE AU HAUT-620266841
55	Award Number*	BROOKLIN7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$75,861.73
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	251 N Deer Isle Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Deer Isle
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04627-3432
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$75,861.73	\$75,861.73	\$0.00	\$0.00
Total		\$75,861.73	\$75,861.73	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 9

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	618276252		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 07/MSAD 07		
24	Address Line 1*	93 PULPIT HARBOR RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	NORTH HAVEN		
28	State Code*	ME		
29	Zip+4*	04853-3100		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 10

34	Sub-Recipient Organization (Contractor)*	COMMUNITY CONCEPTS, INCORPORATED-086887056		
35	Contract Number*	COM-20-4002		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$116,000.00		
38	Contract Date *	06/01/2020		
39	Period of Performance Start Date *	06/01/2020		
40	Period of Performance End Date *	11/30/2020		
41	Primary Place of Performance Address Line 1 *	24 Bates St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Lewiston		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04240-7604		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	To provide Social Support services for individuals who must quarantine or isolate due to COVID-19. Social Support includes psychosocial care, housing, food related support, health prevention activities, transportation related services, outreach and education regarding COVID-19 and other activities.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0059F21 - DHHS CAP Agency	\$7,748.86	\$7,748.86	\$7,748.86	\$7,748.86
Total		\$7,748.86	\$7,748.86	\$7,748.86	\$7,748.86

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$1,824.27	Administrative Expenses		
Line 2	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$910.70	Food Programs		
Line 3	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$5,013.89	Items Not Listed Above	CLIENT TRANSPORTATION	
Total:							\$7,748.86

Sub Screen: Grant 9

54	Sub-Recipient Organization (Awardee)*	MACHIASPORT SCHOOL DEPARTMENT-792826302		
55	Award Number*	MACHIASPORT7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$76,542.39
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 267		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Machiasport		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04655-0267		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$75,542.39	\$75,542.39	\$0.00	\$0.00
Total		\$75,542.39	\$75,542.39	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 10

54	Sub-Recipient Organization (Awardee)*	MOOSABEC COMMUNITY SCHOOL DISTRICT 17 UNION-159685296		
55	Award Number*	JONESBORO7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$76,696.61
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 86		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Jonesboro		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04648-0086		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$76,696.61	\$76,696.61	\$0.00	\$0.00
Total		\$76,696.61	\$76,696.61	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 10

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100265719		Verified
22	Identification Number			
23	Legal Name*	TOWN OF SOUTH BRISTOL		
24	Address Line 1*	767 MAIN ST 1A		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DAMARISCOTTA		
28	State Code*	ME		
29	Zip+4*	04543-4664		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 11

34	Sub-Recipient Organization (Contractor)*	MIDCOAST MAINE COMMUNITY ACTION-77464014		
35	Contract Number*	COM-20-4001		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$70,097.00		
38	Contract Date *	06/01/2020		
39	Period of Performance Start Date *	06/01/2020		
40	Period of Performance End Date *	11/30/2020		
41	Primary Place of Performance Address Line 1 *	34 Wing Farm Pkwy		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Bath		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04530-1515		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	To support clients with positive COVID-19 test results and in quarantine or awaiting test results ordered to quarantine.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0059F21 - DHHS CAP Agency	\$1,694.00	\$1,694.00	\$1,694.00	\$1,694.00
Total		\$1,694.00	\$1,694.00	\$1,694.00	\$1,694.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0059F21 - DHHS CAP Agency	07/01/2020 09/30/2020	\$1,228.00	Administrative Expenses		
Line 2	CV0059F21 - DHHS CAP Agency	07/01/2020 09/30/2020	\$305.00	Food Programs		
Line 3	CV0059F21 - DHHS CAP Agency	07/01/2020 09/30/2020	\$161.00	Items Not Listed Above	INDIRECT	
Total:						\$1,694.00

Sub Screen: Grant 11

54	Sub-Recipient Organization (Awardee)*	ALEXANDER SCHOOL DEPARTMENT-159144385			
55	Award Number*	alexander7010crf21			
56	Award Payment Method*	Reimbursable			
57	Amount of Award *				\$50,255.41
58	Award Date *	08/26/2020			
59	Period of Performance Start Date *	08/26/2020			
60	Period of Performance End Date *	12/30/2020			
61	Primary Place of Performance Address Line 1 *	PO BOX 190			
62	Primary Place of Performance Address Line 2				
63	Primary Place of Performance Address Line 3				
64	Primary Place of Performance City Name *	Eastport			
65	Primary Place of Performance State Code *	ME			
66	Primary Place of Performance Zip+4 *	04631-0190			
67	Primary Place of Performance Country Name *	United States			
68	Primary Place of Performance Country Code *	USA			
69	Primary Place of Performance Congressional District *				2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.			

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$50,255.41	\$50,255.41	\$0.00	\$0.00
Total		\$50,255.41	\$50,255.41	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 11

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	159145556	Verified
22	Identification Number		
23	Legal Name*	HARMONY SCHOOL DISTRICT	
24	Address Line 1*	18 MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HARMONY	
28	State Code*	ME	
29	Zip+4*	04942-7200	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Contractor Name 12

34	Sub-Recipient Organization (Contractor)*	THE OPPORTUNITY ALLIANCE-65270445		
35	Contract Number*	COM-20-4005		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$129,000.00
38	Contract Date *	06/01/2020		
39	Period of Performance Start Date *	06/01/2020		
40	Period of Performance End Date *	11/30/2020		
41	Primary Place of Performance Address Line 1 *	50 Lydia Ln		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	South Portland		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04106-2156		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	CAP Social Supports for COVID		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0059F21 - DHHS CAP Agency	\$15,060.37	\$15,060.37	\$15,060.37	\$15,060.37
Total		\$15,060.37	\$15,060.37	\$15,060.37	\$15,060.37

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$1,101.47	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Line 2	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$12,930.17	Food Programs		
Line 3	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$1,028.73	Housing Support		
Total:							\$15,060.37

Sub Screen: Sub-Recipient 12

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100760438	Verified
22	Identification Number		
23	Legal Name*	SCHOOL UNION 93	
24	Address Line 1*	1527 COASTAL RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BROOKSVILLE	
28	State Code*	ME	
29	Zip+4*	04617-3404	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Contractor Name 13

34	Sub-Recipient Organization (Contractor)*	Carahsoft Technology Corp-794426655		
35	Contract Number*	CT2020*11853		
36	Contract Type*	Delivery Order		
37	Contract Amount*			\$182,160.00
38	Contract Date *	06/02/2020		
39	Period of Performance Start Date *	06/02/2020		
40	Period of Performance End Date *	05/31/2021		
41	Primary Place of Performance Address Line 1 *	45 Commerce Dr		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-7889		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Provides website services		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0079F21 - DOL Google Contract	\$182,160.00	\$182,160.00	\$0.00	\$0.00
Total		\$182,160.00	\$182,160.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 12

54	Sub-Recipient Organization (Awardee)*	CASWELL SCHOOL DEPARTMENT-787290634		
55	Award Number*	CASWELL7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$70,623.40
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	1025 Van Buren Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Caswell		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04750-3204		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$70,623.40	\$70,623.40	\$0.00	\$0.00
Total		\$70,623.40	\$70,623.40	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 13

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	620266841		Verified
22	Identification Number			
23	Legal Name*	SCHOOL UNION 76 AND ISLE AU HAUT		
24	Address Line 1*	41 SCHOOL ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BROOKLIN		
28	State Code*	ME		
29	Zip+4*	04616		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 13

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL OF SCIENCE & MATH-837681287			
55	Award Number*	MESCHSCIMTH7010CRF21			
56	Award Payment Method*	Reimbursable			
57	Amount of Award *				\$84,397.89
58	Award Date *	08/27/2020			
59	Period of Performance Start Date *	08/27/2020			
60	Period of Performance End Date *	12/30/2020			
61	Primary Place of Performance Address Line 1 *	95 High St			
62	Primary Place of Performance Address Line 2				
63	Primary Place of Performance Address Line 3				
64	Primary Place of Performance City Name *	Limestone			
65	Primary Place of Performance State Code *	ME			
66	Primary Place of Performance Zip+4 *	04750-1141			
67	Primary Place of Performance Country Name *	United States			
68	Primary Place of Performance Country Code *	USA			
69	Primary Place of Performance Congressional District *				2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.			

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$84,397.89	\$84,397.89	\$0.00	\$0.00
Total		\$84,397.89	\$84,397.89	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Contractor Name 14

34	Sub-Recipient Organization (Contractor)*	Dxc Ms Llc-117261397		
35	Contract Number*	CT 2020*0963		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$443,146.00
38	Contract Date *	06/15/2020		
39	Period of Performance Start Date *	06/15/2020		
40	Period of Performance End Date *	06/30/2021		
41	Primary Place of Performance Address Line 1 *	1775 Tysons Blvd Ste 900		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Tysons		
45	Primary Place of Performance State Code *	VA		
46	Primary Place of Performance Zip+4 *	22102-4285		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	11		
50	Contract Description *	Provide imaging services		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV033F20 - DOL UI Call Center Support	\$443,146.00	\$443,146.00	\$53,882.00	\$53,882.00
Total		\$443,146.00	\$443,146.00	\$53,882.00	\$53,882.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV033F20 - DOL UI Call Center Support	07/01/2020	09/30/2020	\$53,882.00	Administrative Expenses		
Total:							\$53,882.00

Sub Screen: Contractor Name 15

34	Sub-Recipient Organization (Contractor)*	The HB Group, LLC-VC0000241		
35	Contract Number*	BPO 18P 20200424*0887		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$762,575.00		
38	Contract Date *	06/02/2020		
39	Period of Performance Start Date *	06/02/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	111 Sewall St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-6830		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Isolation Gowns and Suites for DHHS CDC (COVID-19)- the amount is 25% of the contract. The other 75% is funded by FEMA.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0034F20 - DVEM FEMA Match	\$762,575.00	\$762,575.00	\$762,575.00	\$762,575.00
Total		\$762,575.00	\$762,575.00	\$762,575.00	\$762,575.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0034F20 - DVEM FEMA Match	07/01/2020 09/30/2020	\$762,575.00	Personal Protective Equipment		
Total:						\$762,575.00

Sub Screen: Sub-Recipient 14

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	792826302	Verified
22	Identification Number		
23	Legal Name*	MACHIASPORT SCHOOL DEPARTMENT	
24	Address Line 1*	492 PORT RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MACHIASPORT	
28	State Code*	ME	
29	Zip+4*	04655	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 14

54	Sub-Recipient Organization (Awardee)*	TOWN OF BEALS SCHOOL DEPARTMENT-962089806		
55	Award Number*	BEALS7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$85,450.14
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	127 Snare Creek Ln		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Jonesport		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04649-3138		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$85,450.14	\$85,450.14	\$0.00	\$0.00
Total		\$85,450.14	\$85,450.14	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 15

54	Sub-Recipient Organization (Awardee)*	PENOBSCOT TOWN OF-043848167		
55	Award Number*	PENOBSCOT7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$87,268.92
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 4		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Penobscot		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04476-0004		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$87,268.92	\$87,268.92	\$0.00	\$0.00
Total		\$87,268.92	\$87,268.92	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 15

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	193228889	Verified
22	Identification Number		
23	Legal Name*	SCHOOL UNION 102	
24	Address Line 1*	291 COURT ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MACHIAS	
28	State Code*	ME	
29	Zip+4*	04654-3304	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Contractor Name 16

34	Sub-Recipient Organization (Contractor)*	BIDDEFORD, CITY OF-126268981		
35	Contract Number*	COM-20-3007		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$64,050.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	152 Alfred St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Biddeford		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04005-3249		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal Covid19 awareness campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$15,737.99	\$15,737.99	\$15,737.99	\$15,737.99
Total		\$15,737.99	\$15,737.99	\$15,737.99	\$15,737.99

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$12,621.49	Food Programs		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$316.50	Public Health Expenses		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$2,800.00	Items Not Listed Above	Design for social distancing	
Total:							\$15,737.99

Sub Screen: Sub-Recipient 16

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	837681287		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL OF SCIENCE & MATH		
24	Address Line 1*	95 HIGH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LIMESTONE		
28	State Code*	ME		
29	Zip+4*	04750-1141		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 17

34	Sub-Recipient Organization (Contractor)*	Town of Topsham-09363414		
35	Contract Number*	COM-21-3125 CT 10A 20200820*0629		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$251,146.25		
38	Contract Date *	08/01/2020		
39	Period of Performance Start Date *	08/01/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	100 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Topsham		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04086-1209		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Keep Maine Healthy 2020 Municipal COVID19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$94,620.77	\$94,620.77	\$94,620.77	\$94,620.77
Total		\$94,620.77	\$94,620.77	\$94,620.77	\$94,620.77

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/01/2020 09/30/2020	\$6,466.23	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/01/2020 09/30/2020	\$21,857.10	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/01/2020 09/30/2020	\$33,399.49	Payroll for Public Health and Safety Employees		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/01/2020 09/30/2020	\$9,559.95	Personal Protective Equipment		
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/01/2020 09/30/2020	\$23,338.00	Items Not Listed Above	Repair/Maintenance to improve Public Health Safety	

Total:

\$94,620.77

Sub Screen: Grant 16

54	Sub-Recipient Organization (Awardee)*	SWEETSER-073991176		
55	Award Number*	SPURWINK7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$76,946.80
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	901 Washington Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Portland		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04103-2737		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$76,946.80	\$76,946.80	\$0.00	\$0.00
Total		\$76,946.80	\$76,946.80	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Contractor Name 18

34	Sub-Recipient Organization (Contractor)*	ORONO, TOWN OF-957935406		
35	Contract Number*	COM-20-3053 10A 20200709*0118		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$75,426.30		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	59 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Orono		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04473-4001		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	COVID Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$19,975.90	\$19,975.90	\$19,975.90	\$19,975.90
Total		\$19,975.90	\$19,975.90	\$19,975.90	\$19,975.90

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$7,801.00	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$12,174.90	Items Not Listed Above	COVID educational signs, sanitizing equipment, security guards for Nadeau- Savoy Park to ensure social distancing	
Total:							\$19,975.90

Sub Screen: Sub-Recipient 17

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	962089806		Verified
22	Identification Number			
23	Legal Name*	TOWN OF BEALS SCHOOL DEPARTMENT		
24	Address Line 1*	24 MILL POND RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BEALS		
28	State Code*	ME		
29	Zip+4*	04611		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 17

54	Sub-Recipient Organization (Awardee)*	CUTLER SCHOOL DEPARTMENT-797055790		
55	Award Number*	CUTLER7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$88,843.02
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 236		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cutler		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04626-0236		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$88,843.02	\$88,843.02	\$0.00	\$0.00
Total		\$88,843.02	\$88,843.02	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 18

54	Sub-Recipient Organization (Awardee)*	ISLESBORO, TOWN OF-178088639		
55	Award Number*	ISLEAUHAUT7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$94,203.68
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 76		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Islesboro		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04848-0076		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$94,203.68	\$94,203.68	\$0.00	\$0.00
Total		\$94,203.68	\$94,203.68	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 18

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	797055790	Verified
22	Identification Number		
23	Legal Name*	CUTLER SCHOOL DEPARTMENT	
24	Address Line 1*	2066 CUTLER RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CUTLER	
28	State Code*	ME	
29	Zip+4*	04626-3021	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Contractor Name 24

34	Sub-Recipient Organization (Contractor)*	City of Sanford-93629723		
35	Contract Number*	COM-20-3067A		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$725,905.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	919 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Sanford		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04073-3545		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$276,168.26	\$276,168.26	\$276,168.26	\$276,168.26
Total		\$276,168.26	\$276,168.26	\$276,168.26	\$276,168.26

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$276,168.26	Items Not Listed Above	COVID-19 Awareness	
Total:					\$276,168.26	

Sub Screen: Sub-Recipient 19

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	178088639	Verified
22	Identification Number		
23	Legal Name*	ISLESBORO, TOWN OF	
24	Address Line 1*	159 ALUMNI DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	ISLESBORO	
28	State Code*	ME	
29	Zip+4*	04848	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 19

54	Sub-Recipient Organization (Awardee)*	FAYETTE CENTRAL SCHOOL DISTRICT-183992486		
55	Award Number*	FAYETTE7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$98,846.27
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	2589 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Fayette		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04349-3150		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$98,846.27	\$98,846.27	\$0.00	\$0.00
Total		\$98,846.27	\$98,846.27	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Contractor Name 25

34	Sub-Recipient Organization (Contractor)*	York County Community Action Corporation-99366536		
35	Contract Number*	COM-20-4009A		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$80,332.00
38	Contract Date *	06/01/2020		
39	Period of Performance Start Date *	06/01/2020		
40	Period of Performance End Date *	11/30/2020		
41	Primary Place of Performance Address Line 1 *	6 Spruce St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Sanford		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04073-2917		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	CAP Social Supports for COVID		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0059F21 - DHHS CAP Agency	\$15,182.28	\$15,182.28	\$15,182.28	\$15,182.28
Total		\$15,182.28	\$15,182.28	\$15,182.28	\$15,182.28

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$1,870.68	Administrative Expenses		
Line 2	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$4,595.58	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 3	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$4,157.82	Food Programs		
Line 4	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$2,334.20	Housing Support		
Line 5	CV0059F21 - DHHS CAP Agency	07/01/2020	09/30/2020	\$2,224.00	Items Not Listed Above	Retrofit for agency vehicle	
Total:							\$15,182.28

Sub Screen: Contractor Name 26

34	Sub-Recipient Organization (Contractor)*	TOWN OF BAR HARBOR-144075223		
35	Contract Number*	COM-20-3004		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$159,383.40
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	93 Cottage St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Bar Harbor		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04609-1400		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	COVID19 Outreach and Public Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$109,818.69	\$109,818.69	\$109,818.69	\$109,818.69
Total		\$109,818.69	\$109,818.69	\$109,818.69	\$109,818.69

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$18,645.20	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$91,173.49	Public Health Expenses		
Total:						\$109,818.69

Sub Screen: Grant 20

54	Sub-Recipient Organization (Awardee)*	EUSTIS, TREAS OF-045656493			
55	Award Number*	EUSTIS7010CRF21			
56	Award Payment Method*	Reimbursable			
57	Amount of Award *				\$102,542.38
58	Award Date *	09/21/2020			
59	Period of Performance Start Date *	09/21/2020			
60	Period of Performance End Date *	12/30/2020			
61	Primary Place of Performance Address Line 1 *	65 School St			
62	Primary Place of Performance Address Line 2				
63	Primary Place of Performance Address Line 3				
64	Primary Place of Performance City Name *	Stratton			
65	Primary Place of Performance State Code *	ME			
66	Primary Place of Performance Zip+4 *	04982-9706			
67	Primary Place of Performance Country Name *	United States			
68	Primary Place of Performance Country Code *	USA			
69	Primary Place of Performance Congressional District *				2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.			

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$102,542.38	\$102,542.38	\$0.00	\$0.00
Total		\$102,542.38	\$102,542.38	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 20

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	183992486		Verified
22	Identification Number			
23	Legal Name*	FAYETTE CENTRAL SCHOOL DISTRICT		
24	Address Line 1*	2023 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KENTS HILL		
28	State Code*	ME		
29	Zip+4*	04349-3501		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 27

34	Sub-Recipient Organization (Contractor)*	Town of Houlton-77477362		
35	Contract Number*	COM-20-3036A		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$143,641.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	21 Water St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Houlton		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04730-2104		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Keep ME Healthy Grant 2020 Municipal COVID-19 Awareness Campaign - Public Education, Physical Distancing & Public Health Support		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$18,366.00	\$18,366.00	\$18,366.00	\$18,366.00
Total		\$18,366.00	\$18,366.00	\$18,366.00	\$18,366.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$18,366.00	Items Not Listed Above	Maintenance & Repairs to enclose Town Office Front Desk/Public Education	
Total:						\$18,366.00	

Sub Screen: Grant 21

54	Sub-Recipient Organization (Awardee)*	LEE ACADEMY-002568822		
55	Award Number*	LEE7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$103,490.71
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	26 Winn Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Lee		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04455-4214		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$103,490.71	\$103,490.71	\$0.00	\$0.00
Total		\$103,490.71	\$103,490.71	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 21

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	159685296		Verified
22	Identification Number			
23	Legal Name*	MOOSABEC COMMUNITY SCHOOL DISTRICT 17 UNION		
24	Address Line 1*	127 SNARE CREEK LN		
25	Address Line 2			
26	Address Line 3			
27	City Name*	JONESPORT		
28	State Code*	ME		
29	Zip+4*	04649-3138		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 28

34	Sub-Recipient Organization (Contractor)*	Town of Gorham-0936332		
35	Contract Number*	COM-20-3029		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$127,933.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	75 South St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Gorham		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04038-1737		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Keep Maine Healthy grant administered by the Town of Gorham to provide public health education, physical distancing support and support to local businesses to effectively address the community's response to the COVID-19 pandemic.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$82,451.00	\$82,451.00	\$22,055.00	\$22,055.00
Total		\$82,451.00	\$82,451.00	\$22,055.00	\$22,055.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$2,085.00	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$10,150.00	Payroll for Public Health and Safety Employees		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$8,866.00	Public Health Expenses		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$954.00	Small Business Assistance		
Total:							\$22,055.00

Sub Screen: Grant 22

54	Sub-Recipient Organization (Awardee)*	PEMBROKE SCHOOL DEPARTMENT-059818315		
55	Award Number*	PEMBROKE7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$104,105.75
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 190		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Eastport		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04631-0190		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$104,105.75	\$104,105.75	\$0.00	\$0.00
Total		\$104,105.75	\$104,105.75	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 22

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	046799276		Verified
22	Identification Number			
23	Legal Name*	SCHOOL ADMIN DISTRICT 19		
24	Address Line 1*	44 SOUTH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LUBEC		
28	State Code*	ME		
29	Zip+4*	04652-4002		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 23

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	178151874		Verified
22	Identification Number			
23	Legal Name*	JOHN F. MURPHY HOMES, INC.		
24	Address Line 1*	800 CENTER ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	AUBURN		
28	State Code*	ME		
29	Zip+4*	04210-6404		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 23

54	Sub-Recipient Organization (Awardee)*	MOOSABEC COMMUNITY SCHOOL DISTRICT 17 UNION-159685296		
55	Award Number*	MOOSABECCSD7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$104,196.20
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	127 Snare Creek Ln		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Jonesport		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04649-3138		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$104,196.20	\$104,196.20	\$0.00	\$0.00
Total		\$104,196.20	\$104,196.20	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Contractor Name 29

34	Sub-Recipient Organization (Contractor)*	Town of Oxford-COM203054		
35	Contract Number*	COM-20-3054		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$68,607.00		
38	Contract Date *	07/22/2020		
39	Period of Performance Start Date *	07/22/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	85 Pleasant St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Oxford		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04270-4205		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Outreach to local businesses and gave information printed from CDC site. Signs placed in parks, playgrounds and other municipal areas. Follow-up on emails sent to visit businesses who were noncompliant		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$14,075.00	\$14,075.00	\$14,075.00	\$14,075.00
Total		\$14,075.00	\$14,075.00	\$14,075.00	\$14,075.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/22/2020	09/30/2020	\$13,749.00	Payroll for Public Health and Safety Employees		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/22/2020	09/30/2020	\$120.00	Items Not Listed Above	Materials and supplies	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/22/2020	09/30/2020	\$206.00	Items Not Listed Above	Utilities/Heat	
Line 4				\$0.00			
Total:							\$14,075.00

Sub Screen: Contractor Name 30

34	Sub-Recipient Organization (Contractor)*	Town of Poland-79482117		
35	Contract Number*	COM-20-3057		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$57,410.00		
38	Contract Date *	07/22/2020		
39	Period of Performance Start Date *	07/22/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	1231 Maine St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Poland		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04274-7328		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	MUNICIPAL COVID19 AWARENESS		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$5,389.97	\$5,389.97	\$5,389.97	\$5,389.97
Total		\$5,389.97	\$5,389.97	\$5,389.97	\$5,389.97

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/22/2020 09/30/2020	\$56.88	Personal Protective Equipment		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/22/2020 09/30/2020	\$5,001.65	Public Health Expenses		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/22/2020 09/30/2020	\$331.44	Small Business Assistance		
Total:						\$5,389.97

Sub Screen: Grant 24

54	Sub-Recipient Organization (Awardee)*	SCHOOL ADMIN DISTRICT 19-046799276		
55	Award Number*	MSAD197010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$108,131.46
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 190		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Eastport		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04631-0190		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$108,131.46	\$108,131.46	\$0.00	\$0.00
Total		\$108,131.46	\$108,131.46	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 24

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	786692723		Verified
22	Identification Number			
23	Legal Name*	UNION 76 SEDGWICK		
24	Address Line 1*	272 SNOWS COVE RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SEDGWICK		
28	State Code*	ME		
29	Zip+4*	04676-3442		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 25

54	Sub-Recipient Organization (Awardee)*	JOHN F. MURPHY HOMES, INC.-178151874		
55	Award Number*	MARGMRPHFND7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$111,145.38
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	415 Rodman Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Auburn		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04210-3942		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$111,145.38	\$111,145.38	\$0.00	\$0.00
Total		\$111,145.38	\$111,145.38	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 25

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	159144385		
23	Legal Name*	ALEXANDER SCHOOL DEPARTMENT		
24	Address Line 1*	1430 Airline Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Baileyville		
28	State Code*	ME		
29	Zip+4*	04694-6110		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 31

34	Sub-Recipient Organization (Contractor)*	RAYMOND, TOWN OF-097729735		
35	Contract Number*	COM-20-3060		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$80,656.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	401 Webbs Mills Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Raymond		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04071-6331		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$17,773.00	\$17,773.00	\$17,773.00	\$17,773.00
Total		\$17,773.00	\$17,773.00	\$17,773.00	\$17,773.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$17,773.00	Public Health Expenses		
Total:						\$17,773.00

Sub Screen: Sub-Recipient 26

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	787290634	
23	Legal Name*	CASWELL SCHOOL DEPARTMENT	
24	Address Line 1*	1025 Van Buren Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Caswell	
28	State Code*	ME	
29	Zip+4*	04750-3204	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 26

54	Sub-Recipient Organization (Awardee)*	OTIS TREAS OF-958053845		
55	Award Number*	OTIS7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$114,385.56
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	132 Otis Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Otis		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04605-6722		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$114,385.56	\$114,385.56	\$0.00	\$0.00
Total		\$114,385.56	\$114,385.56	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Contractor Name 32

34	Sub-Recipient Organization (Contractor)*	MONHEGAN PLANTATION-782263581		
35	Contract Number*	CT 10A 2020070900000000110		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$107,410.00		
38	Contract Date *	07/13/2020		
39	Period of Performance Start Date *	07/13/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	PO BOX 322		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Monhegan		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04852-0322		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Keep Maine Healthy Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$107,410.00	\$107,410.00	\$36,455.12	\$36,455.12
Total		\$107,410.00	\$107,410.00	\$36,455.12	\$36,455.12

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/13/2020 09/30/2020	\$20,725.16	Payroll for Public Health and Safety Employees		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/13/2020 09/30/2020	\$357.04	Personal Protective Equipment		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/13/2020 09/30/2020	\$13,333.54	Public Health Expenses		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/13/2020 09/30/2020	\$310.88	Unemployment Benefits		
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/13/2020 09/30/2020	\$143.00	Workers Compensation		
Line	CV0056F21 - DHHS	07/13/2020 09/30/2020	\$1,585.50		FICA & Medicare Tax	

6	Local Gov- Public Health Campaign				Items Not Listed Above		
Total:							\$36,455.12

Sub Screen: Grant 27

54	Sub-Recipient Organization (Awardee)*	UNION 76 SEDGEWICK-786692723		
55	Award Number*	SEDGWICK7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$115,528.89
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	251 N Deer Isle Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Deer Isle		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04627-3432		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$115,528.89	\$115,528.89	\$0.00	\$0.00
Total		\$115,528.89	\$115,528.89	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 27

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	073991176		Verified
22	Identification Number			
23	Legal Name*	SWEETSER		
24	Address Line 1*	50 MOODY ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SACO		
28	State Code*	ME		
29	Zip+4*	04072-1536		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 33

34	Sub-Recipient Organization (Contractor)*	PORTLAND, CITY OF-071747802		
35	Contract Number*	COM -20-3058		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$1,884,959.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	07/01/2020		
40	Period of Performance End Date *	12/30/2020		
41	Primary Place of Performance Address Line 1 *	389 Congress St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Portland		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04101-3566		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Covid Keep Maine Healthy		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$179,136.38	\$179,136.38	\$179,136.38	\$179,136.38
Total		\$179,136.38	\$179,136.38	\$179,136.38	\$179,136.38

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$152,234.55	Payroll for Public Health and Safety Employees		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$536.43	Personal Protective Equipment		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$26,365.40	Public Health Expenses		
Total:						\$179,136.38

Sub Screen: Grant 29

54	Sub-Recipient Organization (Awardee)*	AOS 77-780942033
55	Award Number*	PERRY7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$117,177.50
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 430
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Perry
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04667-0430
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$117,177.50	\$117,177.50	\$0.00	\$0.00
Total		\$117,177.50	\$117,177.50	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 28

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	043848167	
23	Legal Name*	PENOBSCOT TOWN OF	
24	Address Line 1*	1 Southern Bay Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Penobscot	
28	State Code*	ME	
29	Zip+4*	04476-3050	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions			
<input type="checkbox"/> Non-domestic (non-U.S.) Entity			
<input type="checkbox"/> Other			

Sub Screen: Contractor Name 34

34	Sub-Recipient Organization (Contractor)*	DOVER FOXCROFT, TOWN OF-109310263		
35	Contract Number*	COM-20-3020		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$255,000.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	48 Morton Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Dover Foxcroft		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04426-1180		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Keeping ME Healthy COVID Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$169,791.53	\$169,791.53	\$169,791.53	\$169,791.53
Total		\$169,791.53	\$169,791.53	\$169,791.53	\$169,791.53

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$8,606.33	Payroll for Public Health and Safety Employees		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$146,812.36	Personal Protective Equipment		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$14,372.84	Items Not Listed Above	promotion of program to town and county by piscataquis county chamber	
Total:							\$169,791.53

Sub Screen: Contractor Name 35

34	Sub-Recipient Organization (Contractor)*	ROCKLAND, CITY OF-057387052		
35	Contract Number*	CT-10A 20200710000000000129		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$99,573.20
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	270 Pleasant St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Rockland		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04841-5305		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *			1
50	Contract Description *	Keep ME Healthy Covid Grant		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$99,573.20	\$99,573.20	\$44,999.00	\$44,999.00
Total		\$99,573.20	\$99,573.20	\$44,999.00	\$44,999.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$2,200.00	Personal Protective Equipment		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$42,799.00	Items Not Listed Above	Wages & Benefits, Material Supplies, Consultants-Direct service & Asset purchases	
Total:						\$44,999.00

Sub Screen: Grant 30

54	Sub-Recipient Organization (Awardee)*	SCHOOL UNION 52-800903494		
55	Award Number*	cherryfield7010crf21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$117,560.44
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 580		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cherryfield		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04622-0580		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$117,560.44	\$117,560.44	\$0.00	\$0.00
Total		\$117,560.44	\$117,560.44	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 29

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	045656493	
23	Legal Name*	EUSTIS, TREAS OF	
24	Address Line 1*	65 School St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Stratton	
28	State Code*	ME	
29	Zip+4*	04982-9706	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Contractor Name 36

34	Sub-Recipient Organization (Contractor)*	Town of Southwest Harbor-9939844		
35	Contract Number*	CT 10A 20200707*077		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$97,343.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	26 Village Green Way		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Southwest Harbor		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04679-4226		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$46,656.61	\$46,656.61	\$46,656.61	\$46,656.61
Total		\$46,656.61	\$46,656.61	\$46,656.61	\$46,656.61

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$4,087.22	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$18,436.19	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$4,280.16	Personal Protective Equipment		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$19,853.04	Public Health Expenses		
Total:						\$46,656.61

Sub Screen: Grant 31

54	Sub-Recipient Organization (Awardee)*	REGION 9 SCHOOL-APPLIED TECH-126039440
55	Award Number*	REGION97010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$118,526.02
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	377 River Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Mexico
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04257-1846
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$118,526.02	\$118,526.02	\$0.00	\$0.00
Total		\$118,526.02	\$118,526.02	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 30

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	002568822		
23	Legal Name*	LEE ACADEMY		
24	Address Line 1*	26 Winn Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lee		
28	State Code*	ME		
29	Zip+4*	04455-4214		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 32

54	Sub-Recipient Organization (Awardee)*	FIDDLEHEAD CENTER FOR THE ARTS-129238643		
55	Award Number*	FIDDLEARTSC7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$119,704.22
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	25 Shaker Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Gray		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04039-9435		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$119,704.22	\$119,704.22	\$0.00	\$0.00
Total		\$119,704.22	\$119,704.22	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 31

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	059818315	
23	Legal Name*	PEMBROKE SCHOOL DEPARTMENT	
24	Address Line 1*	102 High St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Eastport	
28	State Code*	ME	
29	Zip+4*	04631-1110	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions			
<input type="checkbox"/> Non-domestic (non-U.S.) Entity			
<input type="checkbox"/> Other			

Sub Screen: Contractor Name 37

34	Sub-Recipient Organization (Contractor)*	TOWN OF WELLS INC-876442419		
35	Contract Number*	COM-20-3088A		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$180,698.10
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	1563 Post Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Wells		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04090-4519		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Multi-layered approach by the municipality to safeguard and educate the public and staff from the COVID virus.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$135,828.34	\$135,828.34	\$135,828.34	\$135,828.34
Total		\$135,828.34	\$135,828.34	\$135,828.34	\$135,828.34

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$20,526.67	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$15,954.63	Payroll for Public Health and Safety Employees		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$20,697.43	Personal Protective Equipment		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$78,649.61	Items Not Listed Above	other	
Total:							\$135,828.34

Sub Screen: Contractor Name 38

34	Sub-Recipient Organization (Contractor)*	OGUNQUIT, TOWN OF-796935815		
35	Contract Number*	CT 10A 20200709000000000116		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$326,628.70
38	Contract Date *	07/15/2020		
39	Period of Performance Start Date *	07/15/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	23 School St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Ogunquit		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	03907-3734		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$78,952.00	\$78,952.00	\$78,952.00	\$78,952.00
Total		\$78,952.00	\$78,952.00	\$78,952.00	\$78,952.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/15/2020	09/30/2020	\$43,840.00	Items Not Listed Above	Personnel Expenses	
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/15/2020	09/30/2020	\$3,980.00	Items Not Listed Above	Sub-recipient award	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/15/2020	09/30/2020	\$19,825.00	Items Not Listed Above	Capital Equipment	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/15/2020	09/30/2020	\$508.00	Items Not Listed Above	Maintenance/Minor Repairs	
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/15/2020	09/30/2020	\$10,174.00	Items Not Listed Above	Materials/Supplies	
Line	CV0056F21 - DHHS	07/15/2020	09/30/2020	\$625.00		Miscellaneous Costs	

6	Local Gov- Public Health Campaign				Items Not Listed Above		
Total:							\$78,952.00

Sub Screen: Sub-Recipient 32

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	958053845		
23	Legal Name*	OTIS TREAS OF		
24	Address Line 1*	132 Otis Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Otis		
28	State Code*	ME		
29	Zip+4*	04605-6722		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 33

54	Sub-Recipient Organization (Awardee)*	WALDO COUNTY TECHNICAL CENTER-074558941
55	Award Number*	REGION77010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$125,933.90
58	Award Date *	09/21/2020
59	Period of Performance Start Date *	09/21/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	1022 Waterville Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Waldo
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04915-3131
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$125,933.90	\$125,933.90	\$0.00	\$0.00
Total		\$125,933.90	\$125,933.90	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Contractor Name 39

34	Sub-Recipient Organization (Contractor)*	LINCOLN, TOWN OF-137930343		
35	Contract Number*	20200701000000000000		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$59,155.40
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	29 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Lincoln		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04457-1440		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$35,493.00	\$35,493.00	\$25,719.74	\$25,719.74
Total		\$35,493.00	\$35,493.00	\$25,719.74	\$25,719.74

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$14,320.87	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$2,219.18	Personal Protective Equipment		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$7,808.19	Public Health Expenses		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$1,371.50	Small Business Assistance		
Total:						\$25,719.74

Sub Screen: Grant 34

54	Sub-Recipient Organization (Awardee)*	INDIAN ISLAND PENOBSCOT SCHOOL COMMITTEE-159146513		
55	Award Number*	INDIANISL7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$126,212.80
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	39 Union St Ste A		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Calais		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04619-1862		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$126,212.80	\$126,212.80	\$0.00	\$0.00
Total		\$126,212.80	\$126,212.80	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 33

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	780942033		
23	Legal Name*	AOS 77		
24	Address Line 1*	32 Blue Devil HI		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Calais		
28	State Code*	ME		
29	Zip+4*	04619-4037		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

Sub Screen: Contractor Name 40

34	Sub-Recipient Organization (Contractor)*	SACO, CITY OF-083185215		
35	Contract Number*	CT 10A 20200702*0049		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$123,525.00
38	Contract Date *	08/19/2020		
39	Period of Performance Start Date *	08/19/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	300 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Saco		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04072-1515		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$69,468.16	\$69,468.16	\$69,468.16	\$69,468.16
Total		\$69,468.16	\$69,468.16	\$69,468.16	\$69,468.16

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/19/2020 09/30/2020	\$24,607.76	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/19/2020 09/30/2020	\$44,860.40	Personal Protective Equipment		
Total:						\$69,468.16

Sub Screen: Sub-Recipient 34

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	048873111		Verified
22	Identification Number			
23	Legal Name*	UNION SCHOOL DISTRICT 103		
24	Address Line 1*	127 SNARE CRK LN		
25	Address Line 2			
26	Address Line 3			
27	City Name*	JONESPORT		
28	State Code*	ME		
29	Zip+4*	04649-3138		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 35

54	Sub-Recipient Organization (Awardee)*	EDGECOMB EDDY SCHOOL-167302244		
55	Award Number*	EDGECOMB7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$132,977.40
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 139		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Edgecomb		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04556-0139		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$132,977.40	\$132,977.40	\$0.00	\$0.00
Total		\$132,977.40	\$132,977.40	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Contractor Name 41

34	Sub-Recipient Organization (Contractor)*	Town of Bethel-83183087		
35	Contract Number*	COM-21-3098		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$130,555.00
38	Contract Date *	08/01/2020		
39	Period of Performance Start Date *	08/01/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	19 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Bethel		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04217-4014		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Keep Maine Healthy 2020 Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 35

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	126039440	
23	Legal Name*	REGION 9 SCHOOL-APPLIED TECH	
24	Address Line 1*	377 River Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Mexico	
28	State Code*	ME	
29	Zip+4*	04257-1846	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 36

54	Sub-Recipient Organization (Awardee)*	SCHOOL UNION 52-800903494
55	Award Number*	JONESPORT7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$132,993.34
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	127 Snare Creek Ln
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Jonesport
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04649-3138
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$132,993.34	\$132,993.34	\$0.00	\$0.00
Total		\$132,993.34	\$132,993.34	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 37

54	Sub-Recipient Organization (Awardee)*	NORTHERN PENOBSCOT TECH-052287463
55	Award Number*	REGION377010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$133,341.77
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	35 W Broadway
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Lincoln
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04457-1236
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$133,341.77	\$133,341.77	\$0.00	\$0.00
Total		\$133,341.77	\$133,341.77	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 36

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	129238643		Verified
22	Identification Number			
23	Legal Name*	FIDDLEHEAD CENTER FOR THE ARTS		
24	Address Line 1*	25 SHAKER RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GRAY		
28	State Code*	ME		
29	Zip+4*	04039-9435		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 42

34	Sub-Recipient Organization (Contractor)*	Town of Eliot-22578566		
35	Contract Number*	COM-20-3022		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$61,980.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	1333 State Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Eliot		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	03903-1324		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$55,980.00	\$55,980.00	\$42,157.12	\$42,157.12
Total		\$55,980.00	\$55,980.00	\$42,157.12	\$42,157.12

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$12,232.98	Payroll for Public Health and Safety Employees		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$294.99	Personal Protective Equipment		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$217.15	Items Not Listed Above	Park and Docks Control Facility	
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$29,412.00	Items Not Listed Above	Mobile Electronic Signage	
Total:							\$42,157.12

Sub Screen: Contractor Name 43

34	Sub-Recipient Organization (Contractor)*	FARMINGTON, TOWN OF-027104140		
35	Contract Number*	CT 10A 2020082600000000723		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$53,142.00
38	Contract Date *	08/01/2020		
39	Period of Performance Start Date *	08/01/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	153 Farmington Falls Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Farmington		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04938-6403		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 38

54	Sub-Recipient Organization (Awardee)*	WEST BATH SCHOOL DEPARTMENT-825382125
55	Award Number*	WESTBATH7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$138,433.72
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	219 Fosters Point Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	West Bath
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04530-6403
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$138,433.72	\$138,433.72	\$0.00	\$0.00
Total		\$138,433.72	\$138,433.72	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 37

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	074558941	
23	Legal Name*	WALDO COUNTY TECHNICAL CENTER	
24	Address Line 1*	1022 Waterville Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Waldo	
28	State Code*	ME	
29	Zip+4*	04915-3131	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 38

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	159146513	Verified
22	Identification Number		
23	Legal Name*	INDIAN ISLAND PENOBSCOT SCHOOL COMMITTEE	
24	Address Line 1*	39A UNION ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CALAIS	
28	State Code*	ME	
29	Zip+4*	04619-1819	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input checked="" type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input checked="" type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Grant 39

54	Sub-Recipient Organization (Awardee)*	SOUTHERN AROOSTOOK COOPERATIVE BOARD OF EDUCATION-083188573			
55	Award Number*	REGION27010CRF21			
56	Award Payment Method*	Reimbursable			
57	Amount of Award *				\$139,402.76
58	Award Date *	08/27/2020			
59	Period of Performance Start Date *	08/27/2020			
60	Period of Performance End Date *	12/30/2020			
61	Primary Place of Performance Address Line 1 *	PO BOX 307			
62	Primary Place of Performance Address Line 2				
63	Primary Place of Performance Address Line 3				
64	Primary Place of Performance City Name *	Houlton			
65	Primary Place of Performance State Code *	ME			
66	Primary Place of Performance Zip+4 *	04730-0307			
67	Primary Place of Performance Country Name *	United States			
68	Primary Place of Performance Country Code *	USA			
69	Primary Place of Performance Congressional District *				2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.			

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$139,402.76	\$139,402.76	\$0.00	\$0.00
Total		\$139,402.76	\$139,402.76	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Contractor Name 44

34	Sub-Recipient Organization (Contractor)*	CAMDEN, TOWN OF-162017743		
35	Contract Number*	COM-20-3012		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$125,310.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	29 Elm St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Camden		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04843-1910		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Keep Maine Healthy 2020 Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$59,843.47	\$59,843.47	\$59,843.47	\$59,843.47
Total		\$59,843.47	\$59,843.47	\$59,843.47	\$59,843.47

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$21,520.44	Administrative Expenses		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$4,381.00	Improve Telework Capabilities of Public Employees		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$13,898.58	Payroll for Public Health and Safety Employees		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$2,281.07	Personal Protective Equipment		
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$17,762.38	Items Not Listed Above	Sanitizer, Cleaning Supplies, Signage, Portable Toilet Rental,	

						Face masks/Gaitors, Hands-Free Toilets	
Total:							\$59,843.47

Sub Screen: Sub-Recipient 39

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	167302244		Verified
22	Identification Number			
23	Legal Name*	EDGECOMB EDDY SCHOOL		
24	Address Line 1*	157 BOOTHBAY ROAD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	EDGECOMB		
28	State Code*	ME		
29	Zip+4*	04556-3036		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 40

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 61/MAINE SCHOOL ADMINISISTRATIVE DISTRICT 61-100266204
55	Award Number*	SEBAGO7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$141,948.93
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	6 Fundy Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Falmouth
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04105-1779
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$141,948.93	\$141,948.93	\$0.00	\$0.00
Total		\$141,948.93	\$141,948.93	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Contractor Name 45

34	Sub-Recipient Organization (Contractor)*	FALMOUTH, TOWN OF-019224260		
35	Contract Number*	COM-20-3025A		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$150,016.20
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	271 Falmouth Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Falmouth		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04105-2005		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Keep Maine Healthy 2020 Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$27,015.07	\$27,015.07	\$27,015.07	\$27,015.07
Total		\$27,015.07	\$27,015.07	\$27,015.07	\$27,015.07

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$8,290.67	Budgeted Personnel and Services Diverted to a Substantially Different Use		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$2,501.71	Personal Protective Equipment		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$16,222.69	Items Not Listed Above	public safely education mailings & promotions, disinfectant clearer & wipes, hand sanitizer, hand sanitizing stations, social distancing signage & barricades, pop up tents & folding tables for expanded outdoor use/social	

						distancing measures	
Total:							\$27,015.07

Sub Screen: Sub-Recipient 41

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	052287463		
23	Legal Name*	NORTHERN PENOBSCOT TECH		
24	Address Line 1*	35 W Broadway		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lincoln		
28	State Code*	ME		
29	Zip+4*	04457-1236		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Grant 40

54	Sub-Recipient Organization (Awardee)*	EAST MILLINOCKET SCHOOL DEPARTMENT-060995321		
55	Award Number*	MEDWAY7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$142,507.25
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	25 Middle School Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Medway		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04460-3043		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$142,507.25	\$142,507.25	\$12,657.00	\$12,657.00
Total		\$142,507.25	\$142,507.25	\$12,657.00	\$12,657.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/26/2020 - 09/30/2020	\$11,988.00	Facilitating Distance Learning	
Line 2	CV0066F21 - DOE Safe Return to	08/26/2020 - 09/30/2020	\$669.00	Items Not Listed Above	material and supplies

	Classroom						
Total:							\$12,657.00

Sub Screen: Contractor Name 46

34	Sub-Recipient Organization (Contractor)*	Town of Rockport-COM213121		
35	Contract Number*	COM-21-3121		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$71,356.00		
38	Contract Date *	08/01/2020		
39	Period of Performance Start Date *	08/01/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	101 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Rockport		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04856-5963		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Keep ME Healthy Municipality COVID awareness campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 42

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	825382125		
23	Legal Name*	WEST BATH SCHOOL DEPARTMENT		
24	Address Line 1*	219 Fosters Point Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	West Bath		
28	State Code*	ME		
29	Zip+4*	04530-6403		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Grant 41

54	Sub-Recipient Organization (Awardee)*	NORTHPORT, TOWN OF-833118875
55	Award Number*	NORTHPORT7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$142,842.37
58	Award Date *	09/21/2020
59	Period of Performance Start Date *	09/21/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	16 Beech Hill Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Northport
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04849-3205
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$142,842.37	\$142,842.37	\$0.00	\$0.00
Total		\$142,842.37	\$142,842.37	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Contractor Name 47

34	Sub-Recipient Organization (Contractor)*	Town of Liberty-041691318		
35	Contract Number*	10A 2020082500000000686		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$58,900.00
38	Contract Date *	09/22/2020		
39	Period of Performance Start Date *	09/22/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	7 Water St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Liberty		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04949-3660		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Keep Maine Healthy 2020 Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$1,324.10	\$1,324.10	\$1,324.10	\$1,324.10
Total		\$1,324.10	\$1,324.10	\$1,324.10	\$1,324.10

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	09/22/2020 09/30/2020	\$1,324.10	Payroll for Public Health and Safety Employees		
Total:						\$1,324.10

Sub Screen: Contractor Name 48

34	Sub-Recipient Organization (Contractor)*	City of Lewiston-60997412		
35	Contract Number*	10A 20200701*0008		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$687,520.20
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	27 Pine St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Lewiston		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04240-7204		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Keep Maine Healthy- Municipal COVID Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$687,520.20	\$687,520.20	\$211,797.55	\$211,797.55
Total		\$687,520.20	\$687,520.20	\$211,797.55	\$211,797.55

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$32,935.38	Payroll for Public Health and Safety Employees		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$68,152.77	Personal Protective Equipment		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$42,915.51	Public Health Expenses		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$49,493.89	Items Not Listed Above	ECBO Outreach	
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020	09/30/2020	\$18,300.00	Items Not Listed Above	Public Health Education	
Total:						\$211,797.55	

Sub Screen: Sub-Recipient 43

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	083188573		Verified
22	Identification Number			
23	Legal Name*	SOUTHERN AROOSTOOK COOPERATIVE BOARD OF EDUCATION		
24	Address Line 1*	5 BIRD ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HOULTON		
28	State Code*	ME		
29	Zip+4*	04730-2402		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 42

54	Sub-Recipient Organization (Awardee)*	LAMOINE CONSOLIDATED ELEMENTARY SCHOOL-100263268
55	Award Number*	LAMOINE7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$143,071.10
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	606 Douglas Hwy
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Lamoine
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04605-4252
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$143,071.10	\$143,071.10	\$0.00	\$0.00
Total		\$143,071.10	\$143,071.10	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 43

54	Sub-Recipient Organization (Awardee)*	EUT-079799302		
55	Award Number*	EUT7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$145,543.86
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 9106		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Augusta		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04332-9106		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$145,543.86	\$145,543.86	\$0.00	\$0.00
Total		\$145,543.86	\$145,543.86	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Contractor Name 49

34	Sub-Recipient Organization (Contractor)*	Town of Winthrop-7468569		
35	Contract Number*	COM-21-3131		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$55,600.00
38	Contract Date *	08/01/2020		
39	Period of Performance Start Date *	08/01/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	17 Highland Ave		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Winthrop		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04364-1506		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Keep ME Healthy COVID-19 Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$25,000.00	\$25,000.00	\$6,335.12	\$6,335.12
Total		\$25,000.00	\$25,000.00	\$6,335.12	\$6,335.12

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/01/2020	09/30/2020	\$3,812.00	Improve Telework Capabilities of Public Employees		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	08/01/2020	09/30/2020	\$2,523.12	Personal Protective Equipment		
Total:							\$6,335.12

Sub Screen: Sub-Recipient 44

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	100266204		
23	Legal Name*	REGIONAL SCHOOL UNIT 61/MAINE SCHOOL ADMINISISTRATIVE DISTRICT 61		
24	Address Line 1*	283 Sebago Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Sebago		
28	State Code*	ME		
29	Zip+4*	04029-3718		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 45

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	060995321		
23	Legal Name*	EAST MILLINOCKET SCHOOL DEPARTMENT		
24	Address Line 1*	45 North St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	East Millinocket		
28	State Code*	ME		
29	Zip+4*	04430-1150		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 44

54	Sub-Recipient Organization (Awardee)*	ATHENS PUBLIC SCHOOLS-079175989			
55	Award Number*	ATHENS7010CRF21			
56	Award Payment Method*	Reimbursable			
57	Amount of Award *				\$149,920.62
58	Award Date *	08/26/2020			
59	Period of Performance Start Date *	08/26/2020			
60	Period of Performance End Date *	12/30/2020			
61	Primary Place of Performance Address Line 1 *	175 Fern Rd			
62	Primary Place of Performance Address Line 2				
63	Primary Place of Performance Address Line 3				
64	Primary Place of Performance City Name *	Dexter			
65	Primary Place of Performance State Code *	ME			
66	Primary Place of Performance Zip+4 *	04930-2725			
67	Primary Place of Performance Country Name *	United States			
68	Primary Place of Performance Country Code *	USA			
69	Primary Place of Performance Congressional District *				2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.			

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$149,920.62	\$149,920.62	\$0.00	\$0.00
Total		\$149,920.62	\$149,920.62	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Contractor Name 50

34	Sub-Recipient Organization (Contractor)*	Town of Kennebunkport-38495839		
35	Contract Number*	10A 20200702*0044		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$123,383.90
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	6 Elm St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kennebunkport		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04046-6155		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID 19 Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$12,996.44	\$12,996.44	\$12,996.44	\$12,996.44
Total		\$12,996.44	\$12,996.44	\$12,996.44	\$12,996.44

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$6,854.36	Payroll for Public Health and Safety Employees		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$3,665.10	Personal Protective Equipment		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$984.48	Public Health Expenses		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$1,492.50	Items Not Listed Above	Employee Benefits	
Total:						\$12,996.44

Sub Screen: Sub-Recipient 46

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	833118875		
23	Legal Name*	NORTHPORT, TOWN OF		
24	Address Line 1*	16 Beech Hill Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Northport		
28	State Code*	ME		
29	Zip+4*	04849-3205		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

Sub Screen: Grant 45

54	Sub-Recipient Organization (Awardee)*	MAINE CONNECTIONS ACADEMY, INC.-079386086		
55	Award Number*	MECONNAC7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$156,340.00
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	75 John Roberts Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	South Portland		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04106-6961		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$156,340.00	\$156,340.00	\$0.00	\$0.00
Total		\$156,340.00	\$156,340.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Contractor Name 51

34	Sub-Recipient Organization (Contractor)*	WESTBROOK, CITY OF-073995102		
35	Contract Number*	COM-20-3089A		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$242,530.00
38	Contract Date *	07/07/2020		
39	Period of Performance Start Date *	07/07/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	570 Main St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Westbrook		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04092-4114		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$62,576.34	\$62,576.34	\$62,576.34	\$62,576.34
Total		\$62,576.34	\$62,576.34	\$62,576.34	\$62,576.34

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B		53 C	53 D	53 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/07/2020	09/30/2020	\$19,284.67	Personal Protective Equipment		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/07/2020	09/30/2020	\$26,666.67	Items Not Listed Above	consultants	
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/07/2020	09/30/2020	\$16,625.00	Items Not Listed Above	Capitol Purchases	
Total:							\$62,576.34

Sub Screen: Sub-Recipient 47

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100263268		Verified
22	Identification Number			
23	Legal Name*	LAMOINE CONSOLIDATED ELEMENTARY SCHOOL		
24	Address Line 1*	53 LAMOINE BEACH RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ELLSWORTH		
28	State Code*	ME		
29	Zip+4*	04605-4424		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 46

54	Sub-Recipient Organization (Awardee)*	RANGELEY LAKES REGIONAL SCHOOL-786097944
55	Award Number*	RSU787010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$157,521.03
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	43 Mendolia Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Rangeley
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04970-4137
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$157,521.03	\$157,521.03	\$0.00	\$0.00
Total		\$157,521.03	\$157,521.03	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Contractor Name 46

34	Sub-Recipient Organization (Contractor)*	KITTERY, TOWN OF-093629822		
35	Contract Number*	10A 20200702*0045		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$359,482.20
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	200 Rogers Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kittery		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	03904-1460		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID 19 Awareness		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$359,449.00	\$359,449.00	\$185,890.21	\$185,890.21
Total		\$359,449.00	\$359,449.00	\$185,890.21	\$185,890.21

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$12,690.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$14,076.00	Facilitating Distance Learning		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$9,797.21	Improve Telework Capabilities of Public Employees		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$23,415.00	Personal Protective Equipment		
Line	CV0056F21 - DHHS	07/01/2020 09/30/2020	\$125,912.00			

5	Local Gov- Public Health Campaign				Public Health Expenses		
Total:							\$185,890.21

Sub Screen: Contractor Name 47

34	Sub-Recipient Organization (Contractor)*	IDEXX LABORATORIES, INC.-108183757		
35	Contract Number*	CD0-20-5407		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$1,200,000.00		
38	Contract Date *	04/30/2020		
39	Period of Performance Start Date *	04/30/2020		
40	Period of Performance End Date *	04/30/2021		
41	Primary Place of Performance Address Line 1 *	PO BOX 101327		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Atlanta		
45	Primary Place of Performance State Code *	GA		
46	Primary Place of Performance Zip+4 *	30392-1327		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	5		
50	Contract Description *	Covid 19 Testing Services		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0045F21 - DHHS Idexx Tests	\$1,200,000.00	\$1,200,000.00	\$120,720.00	\$120,720.00
Total		\$1,200,000.00	\$1,200,000.00	\$120,720.00	\$120,720.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0045F21 - DHHS Idexx Tests	07/01/2020 09/30/2020	\$120,720.00	COVID-19 Testing and Contact Tracing		
Total:						\$120,720.00

Sub Screen: Grant 47

54	Sub-Recipient Organization (Awardee)*	DAYTON SCHOOL DEPARTMENT-079413598		
55	Award Number*	DAYTON7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$159,057.11
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	18 Maplewood Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Biddeford		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04005-2110		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$159,057.11	\$159,057.11	\$0.00	\$0.00
Total		\$159,057.11	\$159,057.11	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 48

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	079799302		
23	Legal Name*	EUT		
24	Address Line 1*	PO BOX 9106		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Augusta		
28	State Code*	ME		
29	Zip+4*	04332-9106		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Contractor Name 48

34	Sub-Recipient Organization (Contractor)*	Bath, City of-083178350		
35	Contract Number*	COM-20-3005A		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$135,185.00
38	Contract Date *	09/16/2020		
39	Period of Performance Start Date *	09/16/2020		
40	Period of Performance End Date *	09/30/2020		
41	Primary Place of Performance Address Line 1 *	55 Front St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Bath		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04530-2572		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	2020 Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$135,185.00	\$135,185.00	\$57,210.95	\$57,210.95
Total		\$135,185.00	\$135,185.00	\$57,210.95	\$57,210.95

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	09/16/2020 09/30/2020	\$303.68	Payroll for Public Health and Safety Employees		
Line 2	CV0056F21 - DHHS Local Gov- Public Health Campaign	09/16/2020 09/30/2020	\$35,824.46	Public Health Expenses		
Line 3	CV0056F21 - DHHS Local Gov- Public Health Campaign	09/16/2020 09/30/2020	\$543.62	Small Business Assistance		
Line 4	CV0056F21 - DHHS Local Gov- Public Health Campaign	09/16/2020 09/30/2020	\$2,544.19	Items Not Listed Above	Payroll for non-public health and safety employees who carried out grant actions	
Line 5	CV0056F21 - DHHS Local Gov- Public Health Campaign	09/16/2020 09/30/2020	\$17,995.00	Items Not Listed Above	Public education about COVID-19 health guidelines	

Total:

\$57,210.95

Sub Screen: Grant 48

54	Sub-Recipient Organization (Awardee)*	MAINE ARTS ACADEMY-065869001		
55	Award Number*	MEARTSAC7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$159,961.90
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	8 Golden Rod Ln		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sidney		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04330-1954		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$159,961.90	\$159,961.90	\$0.00	\$0.00
Total		\$159,961.90	\$159,961.90	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 49

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	079175989	
23	Legal Name*	ATHENS PUBLIC SCHOOLS	
24	Address Line 1*	175 Fern Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dexter	
28	State Code*	ME	
29	Zip+4*	04930-2725	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions			
<input type="checkbox"/> Non-domestic (non-U.S.) Entity			
<input type="checkbox"/> Other			

Sub Screen: Contractor Name 51

34	Sub-Recipient Organization (Contractor)*	NORRIDGEWOCK, TOWN OF-837279744		
35	Contract Number*	COM-20-3050		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$51,230.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	PO BOX 7		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Norridgewock		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04957-0007		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$51,230.00	\$51,230.00	\$12,517.41	\$12,517.41
Total		\$51,230.00	\$51,230.00	\$12,517.41	\$12,517.41

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$12,517.41	Public Health Expenses		
Total:						\$12,517.41

Sub Screen: Sub-Recipient 50

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	079386086		Verified
22	Identification Number			
23	Legal Name*	MAINE CONNECTIONS ACADEMY, INC.		
24	Address Line 1*	75 JOHN ROBERTS RD, SUITE 11B		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SOUTH PORTLAND		
28	State Code*	ME		
29	Zip+4*	04106-6925		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 49

54	Sub-Recipient Organization (Awardee)*	ST GEORGE MUNICIPAL SCHOOL UNIT-079876562		
55	Award Number*	STGEORGE7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$162,860.23
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	10/31/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 153		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Tenants Harbor		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04860-0153		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$162,860.23	\$162,860.23	\$0.00	\$0.00
Total		\$162,860.23	\$162,860.23	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 51

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	786097944		Verified
22	Identification Number			
23	Legal Name*	RANGELEY LAKES REGIONAL SCHOOL		
24	Address Line 1*	43 MENDOLIA ROAD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	RANGELEY		
28	State Code*	ME		
29	Zip+4*	04970-4137		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 50

54	Sub-Recipient Organization (Awardee)*	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM-193228459
55	Award Number*	TREMONT7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$163,949.58
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 65
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Bernard
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04612-0065
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$163,949.58	\$163,949.58	\$0.00	\$0.00
Total		\$163,949.58	\$163,949.58	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Contractor Name 52

34	Sub-Recipient Organization (Contractor)*	LISBON, TOWN OF-018713730		
35	Contract Number*	COM-20-3044		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$51,473.80
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	300 Lisbon St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Lisbon		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04250-6813		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$51,473.80	\$51,473.80	\$0.00	\$0.00
Total		\$51,473.80	\$51,473.80	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Contractor Name 53

34	Sub-Recipient Organization (Contractor)*	ISLESBORO TOWN OF-197698298		
35	Contract Number*	VC1000037826		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$58,250.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/30/2020		
41	Primary Place of Performance Address Line 1 *	PO BOX 76		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Islesboro		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04848-0076		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$58,250.00	\$58,250.00	\$13,778.76	\$13,778.76
Total		\$58,250.00	\$58,250.00	\$13,778.76	\$13,778.76

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$13,778.76	Public Health Expenses		
Total:						\$13,778.76

Sub Screen: Grant 51

54	Sub-Recipient Organization (Awardee)*	SOUTH BRISTOL SCHOOL DEPARTMENT-959270398		
55	Award Number*	NOBLEBORO7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$168,001.97
58	Award Date *	09/21/2020		
59	Period of Performance Start Date *	09/21/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	192 US Highway 1		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Nobleboro		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04555-9501		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$168,001.97	\$168,001.97	\$0.00	\$0.00
Total		\$168,001.97	\$168,001.97	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 52

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	079413598		
23	Legal Name*	DAYTON SCHOOL DEPARTMENT		
24	Address Line 1*	18 Maplewood Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Biddeford		
28	State Code*	ME		
29	Zip+4*	04005-2110		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

Sub Screen: Contractor Name 54

34	Sub-Recipient Organization (Contractor)*	TOWN OF ROME-009579124		
35	Contract Number*	VC1000079345		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$58,891.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	8 Mercer Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Rome		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04963-3044		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$58,891.00	\$58,891.00	\$1,666.39	\$1,666.39
Total		\$58,891.00	\$58,891.00	\$1,666.39	\$1,666.39

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$1,666.39	Public Health Expenses		
Total:						\$1,666.39

Sub Screen: Sub-Recipient 53

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	065869001		Verified
22	Identification Number			
23	Legal Name*	MAINE ARTS ACADEMY		
24	Address Line 1*	11 GOLDEN ROD LN		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SIDNEY		
28	State Code*	ME		
29	Zip+4*	04330-1954		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 52

54	Sub-Recipient Organization (Awardee)*	HANCOCK, TOWN OF-058055497		
55	Award Number*	HANDCOCK7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$169,768.32
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 68		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Hancock		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04640-0068		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$169,768.32	\$169,768.32	\$0.00	\$0.00
Total		\$169,768.32	\$169,768.32	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Contractor Name 55

34	Sub-Recipient Organization (Contractor)*	CHEBEAGUE ISLAND, TOWN OF-797007767		
35	Contract Number*	COM-20-3015		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$65,482.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	14 School House Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Chebeague Island		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04017-3418		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$65,482.00	\$65,482.00	\$0.00	\$0.00
Total		\$65,482.00	\$65,482.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 53

54	Sub-Recipient Organization (Awardee)*	GEORGE STEVENS ACADEMY-060987260		
55	Award Number*	GEORGESTEVA7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$172,542.47
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	23 Union St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Blue Hill		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04614-5908		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$172,542.47	\$172,542.47	\$0.00	\$0.00
Total		\$172,542.47	\$172,542.47	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 54

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	079876562		Verified
22	Identification Number			
23	Legal Name*	ST GEORGE MUNICIPAL SCHOOL UNIT		
24	Address Line 1*	65 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	TENANTS HARBOR		
28	State Code*	ME		
29	Zip+4*	04860		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 56

34	Sub-Recipient Organization (Contractor)*	ELLSWORTH, CITY OF-060987641		
35	Contract Number*	COM-20-3023		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$66,952.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	1 City Hall Plz		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Ellsworth		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04605-1942		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$66,952.00	\$66,952.00	\$0.00	\$0.00
Total		\$66,952.00	\$66,952.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 54

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL UNION 69-100760313		
55	Award Number*	LINCOLNVILL7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$172,719.99
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	493 Hope Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Lincolnvile		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04849-5911		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$172,719.99	\$172,719.99	\$18,133.00	\$18,133.00
Total		\$172,719.99	\$172,719.99	\$18,133.00	\$18,133.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$18,133.00	Items Not Listed Above	Facilities	
Total:						\$18,133.00	

Sub Screen: Sub-Recipient 55

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	193228459	Verified
22	Identification Number		
23	Legal Name*	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM	
24	Address Line 1*	119 TREMONT RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BASS HARBOR	
28	State Code*	ME	
29	Zip+4*	04653-3433	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Contractor Name 57

34	Sub-Recipient Organization (Contractor)*	BOOTHBAY HARBOR, TOWN OF-052662819		
35	Contract Number*	COM-20-3009		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$89,469.80
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	11 Howard St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Boothbay Harbor		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04538-1819		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$89,469.80	\$89,469.80	\$4,805.65	\$4,805.65
Total		\$89,469.80	\$89,469.80	\$4,805.65	\$4,805.65

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$4,805.65	Public Health Expenses		
Total:						\$4,805.65

Sub Screen: Sub-Recipient 56

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	959270398		Verified
22	Identification Number			
23	Legal Name*	SOUTH BRISTOL SCHOOL DEPARTMENT		
24	Address Line 1*	194 CENTER ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	NOBLEBORO		
28	State Code*	ME		
29	Zip+4*	04555-9028		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 55

54	Sub-Recipient Organization (Awardee)*	MAINE VOCATIONAL REGION TEN-123155657		
55	Award Number*	REGION107010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$175,768.70
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	68 Church Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Brunswick		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04011-7300		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$175,768.70	\$175,768.70	\$0.00	\$0.00
Total		\$175,768.70	\$175,768.70	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Contractor Name 57

34	Sub-Recipient Organization (Contractor)*	BOOTHBAY, TOWN OF-117043140		
35	Contract Number*	COM-20-3008		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$90,760.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	PO BOX 106		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Boothbay		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04537-0106		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$90,760.00	\$90,760.00	\$0.00	\$0.00
Total		\$90,760.00	\$90,760.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 57

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	058055497		Verified
22	Identification Number			
23	Legal Name*	HANCOCK, TOWN OF		
24	Address Line 1*	18 POINT RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HANCOCK		
28	State Code*	ME		
29	Zip+4*	04640		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 56

54	Sub-Recipient Organization (Awardee)*	ACADIA ACADEMY-080955044		
55	Award Number*	ACADIAAC7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$174,479.87
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	12 Westminster St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Lewiston		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04240-3532		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$174,479.87	\$174,479.87	\$0.00	\$0.00
Total		\$174,479.87	\$174,479.87	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Contractor Name 58

34	Sub-Recipient Organization (Contractor)*	HOLLIS TOWN OF-945048861		
35	Contract Number*	COM-20-3035		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$94,474.95
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	34 Town Farm Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Hollis Center		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04042-3538		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$94,474.95	\$94,474.95	\$38,128.05	\$38,128.05
Total		\$94,474.95	\$94,474.95	\$38,128.05	\$38,128.05

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$38,128.05	Public Health Expenses		
Total:						\$38,128.05

Sub Screen: Sub-Recipient 58

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	060987260		Verified
22	Identification Number			
23	Legal Name*	GEORGE STEVENS ACADEMY		
24	Address Line 1*	23 UNION ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BLUE HILL		
28	State Code*	ME		
29	Zip+4*	04614-5908		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 57

54	Sub-Recipient Organization (Awardee)*	UNION 87 ORONO AND VEAZIE-032525347		
55	Award Number*	VEAZIE7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$178,946.49
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 662		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Hampden		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04444-0662		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$178,946.49	\$178,946.49	\$0.00	\$0.00
Total		\$178,946.49	\$178,946.49	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Contractor Name 59

34	Sub-Recipient Organization (Contractor)*	BELFAST, CITY OF-83189557		
35	Contract Number*	COM-20-3006		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$107,805.90
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	131 Church St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Belfast		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04915-6503		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$107,805.90	\$107,805.90	\$22,825.47	\$22,825.47
Total		\$107,805.90	\$107,805.90	\$22,825.47	\$22,825.47

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$22,825.47	Public Health Expenses		
Total:						\$22,825.47

Sub Screen: Sub-Recipient 59

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100760313		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL UNION 69		
24	Address Line 1*	523 HOPE RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LINCOLNVILLE		
28	State Code*	ME		
29	Zip+4*	04849-5913		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 58

54	Sub-Recipient Organization (Awardee)*	HARPSWELL COASTAL ACADEMY, INC.-027007742		
55	Award Number*	HARPSWELL7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$179,659.66		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	9 Ash Point Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Harpwell		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04079-3418		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$179,659.66	\$179,659.66	\$0.00	\$0.00
Total		\$179,659.66	\$179,659.66	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 60

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	123155657	
23	Legal Name*	MAINE VOCATIONAL REGION TEN	
24	Address Line 1*	68 Church Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Brunswick	
28	State Code*	ME	
29	Zip+4*	04011-7300	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Grant 59

54	Sub-Recipient Organization (Awardee)*	LIMESTONE, TOWN OF-111771601
55	Award Number*	LIMESTON7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$179,845.15
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	93 High St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Limestone
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04750-1141
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$179,845.15	\$179,845.15	\$0.00	\$0.00
Total		\$179,845.15	\$179,845.15	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Contractor Name 61

34	Sub-Recipient Organization (Contractor)*	AUGUSTA, CITY OF-071740468		
35	Contract Number*	COM-20-3002		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$155,442.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	16 Cony St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Augusta		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04330-5200		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$155,442.00	\$155,442.00	\$0.00	\$0.00
Total		\$155,442.00	\$155,442.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 60

54	Sub-Recipient Organization (Awardee)*	TOWN OF PRINCETON SCHOOL DEPARTMENT-030522833
55	Award Number*	PRINCETON7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$180,924.70
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 408
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Princeton
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04668-0408
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$180,924.70	\$180,924.70	\$0.00	\$0.00
Total		\$180,924.70	\$180,924.70	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 61

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	080955044	Verified
22	Identification Number		
23	Legal Name*	ACADIA ACADEMY	
24	Address Line 1*	12 WESTMINSTER ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LEWISTON	
28	State Code*	ME	
29	Zip+4*	04240-3532	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Contractor Name 62

34	Sub-Recipient Organization (Contractor)*	WINDHAM, TOWN OF-071745418		
35	Contract Number*	COM-20-3091		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$214,544.00		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	8 School Rd		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Windham		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04062-4807		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$214,544.00	\$214,544.00	\$0.00	\$0.00
Total		\$214,544.00	\$214,544.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 61

54	Sub-Recipient Organization (Awardee)*	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM-193546462
55	Award Number*	STHWSTHRB7021CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$183,843.68
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 745
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Southwest Harbor
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04679-0745
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$183,843.68	\$183,843.68	\$0.00	\$0.00
Total		\$183,843.68	\$183,843.68	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Contractor Name 63

34	Sub-Recipient Organization (Contractor)*	KENNEBUNK, TOWN OF-097729446		
35	Contract Number*	COM-20-3039		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$231,981.00
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	1 Summer St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Kennebunk		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04043-6641		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$231,981.00	\$231,981.00	\$0.00	\$0.00
Total		\$231,981.00	\$231,981.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 62

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	032525347	
23	Legal Name*	UNION 87 ORONO AND VEAZIE	
24	Address Line 1*	10 Goodridge Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Orono	
28	State Code*	ME	
29	Zip+4*	04473-4077	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 62

54	Sub-Recipient Organization (Awardee)*	RSU 84-100651033		
55	Award Number*	MSAD147010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$188,189.06
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	31 Houlton Rd Apt A		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Danforth		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04424-3138		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$188,189.06	\$188,189.06	\$137,959.67	\$137,959.67
Total		\$188,189.06	\$188,189.06	\$137,959.67	\$137,959.67

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$6,421.08	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$34,000.00	Items Not Listed Above	BUSES/VANS	

	Classroom					
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$31,770.02	Items Not Listed Above	MATERIAL AND SUPPLIES
Line 4	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$768.57	Items Not Listed Above	FACILITIES
Line 5	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$65,000.00	Items Not Listed Above	CONTRACTED SERVICES/TEMP & SUBSTITUTE PAY/ ADDL STAFF HOURS
Total:						\$137,959.67

Sub Screen: Sub-Recipient 63

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	027007742		Verified
22	Identification Number			
23	Legal Name*	HARPSWELL COASTAL ACADEMY, INC.		
24	Address Line 1*	9 ASH POINT RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HARPSWELL		
28	State Code*	ME		
29	Zip+4*	04079-3418		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 63

34	Sub-Recipient Organization (Contractor)*	YORK, TOWN OF-112918060		
35	Contract Number*	COM-20-3093		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$397,931.50
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	186 York St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	York		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	03909-1314		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$397,931.50	\$397,931.50	\$115,109.80	\$115,109.80
Total		\$397,931.50	\$397,931.50	\$115,109.80	\$115,109.80

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$115,109.80	Public Health Expenses		
Total:						\$115,109.80

Sub Screen: Contractor Name 64

34	Sub-Recipient Organization (Contractor)*	Guilford, Town of-000034239		
35	Contract Number*	COM-20-3030		
36	Contract Type*	Definitive Contract		
37	Contract Amount*			\$103,863.10
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	PO BOX 355		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Guilford		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04443-0355		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	2		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$103,863.10	\$103,863.10	\$19,048.00	\$19,048.00
Total		\$103,863.10	\$103,863.10	\$19,048.00	\$19,048.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	07/01/2020 09/30/2020	\$19,048.00	Public Health Expenses		
Total:						\$19,048.00

Sub Screen: Grant 63

54	Sub-Recipient Organization (Awardee)*	ACTON, TOWN OF-100262211		
55	Award Number*	ACTON7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$188,647.44
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	700 Milton Mills Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Acton		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04001-5409		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$188,647.44	\$188,647.44	\$25,460.22	\$25,460.22
Total		\$188,647.44	\$188,647.44	\$25,460.22	\$25,460.22

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$1,606.09	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/26/2020	09/30/2020	\$20,327.68	Items Not Listed Above	MATERIAL AND SUPPLIES	

	Classroom						
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$3,526.45	Items Not Listed Above	CONTRACTED SERVICES/TEMP AND SUBSTITUE PAY/ADDL STAFF HOURS	
Total:							\$25,460.22

Sub Screen: Sub-Recipient 64

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	111771601		
23	Legal Name*	LIMESTONE, TOWN OF		
24	Address Line 1*	93 High St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Limestone		
28	State Code*	ME		
29	Zip+4*	04750-1141		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 64

34	Sub-Recipient Organization (Contractor)*	SCARBOROUGH, TOWN OF-086885340		
35	Contract Number*	COM-20-3068		
36	Contract Type*	Definitive Contract		
37	Contract Amount*	\$157,910.20		
38	Contract Date *	06/08/2020		
39	Period of Performance Start Date *	06/08/2020		
40	Period of Performance End Date *	10/31/2020		
41	Primary Place of Performance Address Line 1 *	259 US Route 1		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Scarborough		
45	Primary Place of Performance State Code *	ME		
46	Primary Place of Performance Zip+4 *	04074-9525		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	1		
50	Contract Description *	Municipal COVID-19 Awareness Campaign		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0056F21 - DHHS Local Gov- Public Health Campaign	\$157,910.20	\$157,910.20	\$0.00	\$0.00
Total		\$157,910.20	\$157,910.20	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 64

54	Sub-Recipient Organization (Awardee)*	UNION SCHOOL DISTRICT 69-100650506		
55	Award Number*	APPLETON7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$190,279.18
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	2915 Sennebec Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Appleton		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04862-6221		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$190,279.18	\$190,279.18	\$2,882.59	\$2,882.59
Total		\$190,279.18	\$190,279.18	\$2,882.59	\$2,882.59

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$411.57	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/26/2020	09/30/2020	\$335.60	Food Programs		

	Classroom					
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$160.99	Items Not Listed Above	FACILITIES
Line 4	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$1,974.43	Items Not Listed Above	MATERIAL AND SUPPLIES
Total:						\$2,882.59

Sub Screen: Sub-Recipient 65

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	030522833		Verified
22	Identification Number			
23	Legal Name*	TOWN OF PRINCETON SCHOOL DEPARTMENT		
24	Address Line 1*	63 BROADWAY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BAILEYVILLE		
28	State Code*	ME		
29	Zip+4*	04694-3417		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 66

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	193546462	Verified
22	Identification Number		
23	Legal Name*	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM	
24	Address Line 1*	327 MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SOUTHWEST HARBOR	
28	State Code*	ME	
29	Zip+4*	04679-4403	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 65

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL ADMINSTRATION DISTRICT 12-123275513		
55	Award Number*	MSAD127010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$191,481.06
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	606 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Jackman		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04945-5002		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$191,481.06	\$191,481.06	\$0.00	\$0.00
Total		\$191,481.06	\$191,481.06	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 66

54	Sub-Recipient Organization (Awardee)*	GOOD WILL HOME ASSOCIATION-077461648
55	Award Number*	MEACADNATSC7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$192,428.17
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 159
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Hinckley
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04944-0159
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$192,428.17	\$192,428.17	\$0.00	\$0.00
Total		\$192,428.17	\$192,428.17	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 67

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100651033	Verified
22	Identification Number		
23	Legal Name*	RSU 84	
24	Address Line 1*	31A HOULTON RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	DANFORTH	
28	State Code*	ME	
29	Zip+4*	04424-3138	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 67

54	Sub-Recipient Organization (Awardee)*	SCHOOL UNION 93-961705378			
55	Award Number*	SURRY7010CRF21			
56	Award Payment Method*	Reimbursable			
57	Amount of Award *				\$192,821.23
58	Award Date *	08/27/2020			
59	Period of Performance Start Date *	08/27/2020			
60	Period of Performance End Date *	12/30/2020			
61	Primary Place of Performance Address Line 1 *	PO BOX 147			
62	Primary Place of Performance Address Line 2				
63	Primary Place of Performance Address Line 3				
64	Primary Place of Performance City Name *	Surry			
65	Primary Place of Performance State Code *	ME			
66	Primary Place of Performance Zip+4 *	04684-0147			
67	Primary Place of Performance Country Name *	United States			
68	Primary Place of Performance Country Code *	USA			
69	Primary Place of Performance Congressional District *				2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.			

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$192,821.23	\$192,821.23	\$0.00	\$0.00
Total		\$192,821.23	\$192,821.23	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 68

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	100262211		
23	Legal Name*	ACTON, TOWN OF		
24	Address Line 1*	700 Milton Mills Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Acton		
28	State Code*	ME		
29	Zip+4*	04001-5409		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 69

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100650506		Verified
22	Identification Number			
23	Legal Name*	UNION SCHOOL DISTRICT 69		
24	Address Line 1*	737 UNION RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	UNION		
28	State Code*	ME		
29	Zip+4*	04862		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 68

54	Sub-Recipient Organization (Awardee)*	JOHN BAPST MEM HIGH SCHOOL-159147305		
55	Award Number*	JOHNBAPMEM7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$193,109.44
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	100 Broadway		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Bangor		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04401-5204		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$193,109.44	\$193,109.44	\$0.00	\$0.00
Total		\$193,109.44	\$193,109.44	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 69

54	Sub-Recipient Organization (Awardee)*	EASTON SCHOOL DISTRICT-100028885		
55	Award Number*	EASTON7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$195,380.15
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 127		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Easton		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04740-0127		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$195,380.15	\$195,380.15	\$4,787.50	\$4,787.50
Total		\$195,380.15	\$195,380.15	\$4,787.50	\$4,787.50

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/26/2020 - 09/30/2020	\$517.21	Facilitating Distance Learning	
Line 2	CV0066F21 - DOE Safe Return to	08/26/2020 - 09/30/2020	\$639.11	Food Programs	

	Classroom							
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$3,631.18	Items Not Listed Above	MATERIAL AND SUPPLIES		
Total:								\$4,787.50

Sub Screen: Sub-Recipient 70

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	123275513		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL ADMINSTRATION DISTRICT 12		
24	Address Line 1*	606 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	JACKMAN		
28	State Code*	ME		
29	Zip+4*	04945-5002		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 71

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	077461648		Verified
22	Identification Number			
23	Legal Name*	GOOD WILL HOME ASSOCIATION		
24	Address Line 1*	ROUTE 201		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HINCKLEY		
28	State Code*	ME		
29	Zip+4*	04944		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 70

54	Sub-Recipient Organization (Awardee)*	SCHOOL UNION 122-183992627
55	Award Number*	WOODLAND7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$195,937.55
58	Award Date *	09/21/2020
59	Period of Performance Start Date *	09/21/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	843 Woodland Center Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Woodland
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04736-5145
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$195,937.55	\$195,937.55	\$0.00	\$0.00
Total		\$195,937.55	\$195,937.55	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 71

54	Sub-Recipient Organization (Awardee)*	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM - AOS 91-193546397
55	Award Number*	MTDERSERT7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$200,681.32
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 248
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Northeast Harbor
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04662-0248
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$200,681.32	\$200,681.32	\$0.00	\$0.00
Total		\$200,681.32	\$200,681.32	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 72

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	961705378		Verified
22	Identification Number			
23	Legal Name*	SCHOOL UNION 93		
24	Address Line 1*	754 N BEND RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SURRY		
28	State Code*	ME		
29	Zip+4*	04684-3325		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 72

54	Sub-Recipient Organization (Awardee)*	AOS 91-183993146		
55	Award Number*	TRENTON7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$201,611.86
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	59 Oak Point Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Trenton		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04605-6100		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$201,611.86	\$201,611.86	\$0.00	\$0.00
Total		\$201,611.86	\$201,611.86	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 73

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	159147305	
23	Legal Name*	JOHN BAPST MEM HIGH SCHOOL	
24	Address Line 1*	100 Broadway	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bangor	
28	State Code*	ME	
29	Zip+4*	04401-5204	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input checked="" type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 73

54	Sub-Recipient Organization (Awardee)*	BLUE HILL SCHOOL DEPARTMENT-135792252		
55	Award Number*	BLUEHILL7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$203,915.69
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	18 Union St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Blue Hill		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04614-5916		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$203,915.69	\$203,915.69	\$0.00	\$0.00
Total		\$203,915.69	\$203,915.69	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 74

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100028885		Verified
22	Identification Number			
23	Legal Name*	EASTON SCHOOL DISTRICT		
24	Address Line 1*	33 BANGOR RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	EASTON		
28	State Code*	ME		
29	Zip+4*	04740-4200		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 74

54	Sub-Recipient Organization (Awardee)*	INDIAN TOWNSHIP PASSAMAQUODDY SCHOOL COMMITTEE-016211005		
55	Award Number*	INDIANTWNSH7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$205,860.77
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	39 Union St Ste A		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Calais		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04619-1862		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$205,860.77	\$205,860.77	\$0.00	\$0.00
Total		\$205,860.77	\$205,860.77	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 75

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	183992627		Verified
22	Identification Number			
23	Legal Name*	SCHOOL UNION 122		
24	Address Line 1*	843 WOODLAND CENTER RD STE 3		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WOODLAND		
28	State Code*	ME		
29	Zip+4*	04736-5145		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 76

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	193546397	Verified
22	Identification Number		
23	Legal Name*	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM - AOS 91	
24	Address Line 1*	1081 EAGLE LAKE RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BAR HARBOR	
28	State Code*	ME	
29	Zip+4*	04609-7331	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 77

54	Sub-Recipient Organization (Awardee)*	Maine Central Institute-071746481
55	Award Number*	MECENTRALINST7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$206,334.79
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	295 Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Pittsfield
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04967-4502
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$206,334.79	\$206,334.79	\$0.00	\$0.00
Total		\$206,334.79	\$206,334.79	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 77

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	183993146		Verified
22	Identification Number			
23	Legal Name*	AOS 91		
24	Address Line 1*	51 SCHOOL RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	TRENTON		
28	State Code*	ME		
29	Zip+4*	04605-5910		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 76

54	Sub-Recipient Organization (Awardee)*	GREENBUSH PUBLIC SCHOOLS-100263169
55	Award Number*	GREENBSH7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$208,046.55
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 230
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Greenbush
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04418-0230
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$208,046.55	\$208,046.55	\$0.00	\$0.00
Total		\$208,046.55	\$208,046.55	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 77

54	Sub-Recipient Organization (Awardee)*	DEDHAM SCHOOL DEPARTMENT-100262906		
55	Award Number*	DEDHAM7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$210,759.08
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	19 School St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Orrington		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04474-3435		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$210,759.08	\$210,759.08	\$0.00	\$0.00
Total		\$210,759.08	\$210,759.08	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 78

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	135792252	Verified
22	Identification Number		
23	Legal Name*	BLUE HILL SCHOOL DEPARTMENT	
24	Address Line 1*	60 HIGH ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BLUE HILL	
28	State Code*	ME	
29	Zip+4*	04614-5932	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 78

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL ADMINISTRATIVE DISTRICT 32-049196165		
55	Award Number*	MSAD327010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$216,237.48
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 289		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ashland		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04732-0289		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$216,237.48	\$216,237.48	\$0.00	\$0.00
Total		\$216,237.48	\$216,237.48	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 79

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	016211005	Verified
22	Identification Number		
23	Legal Name*	INDIAN TOWNSHIP PASSAMAQUODDY SCHOOL COMMITTEE	
24	Address Line 1*	39 UNION ST # A	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CALAIS	
28	State Code*	ME	
29	Zip+4*	04619-1819	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input checked="" type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input checked="" type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 80

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	071746481	
23	Legal Name*	Maine Central Institute	
24	Address Line 1*	295 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Pittsfield	
28	State Code*	ME	
29	Zip+4*	04967-4502	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 79

54	Sub-Recipient Organization (Awardee)*	WASHINGTON ACADEMY-030518997
55	Award Number*	030518997
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$220,305.19
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 190
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	East Machias
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04630-0190
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$220,305.19	\$220,305.19	\$0.00	\$0.00
Total		\$220,305.19	\$220,305.19	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 80

54	Sub-Recipient Organization (Awardee)*	PLEASANT POINT PASSAMAQUODDY SCHOOL COMMITTEE-183994201		
55	Award Number*	PLEASANTPT7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$221,974.33
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	39 Union St Ste A		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Calais		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04619-1862		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$221,974.33	\$221,974.33	\$0.00	\$0.00
Total		\$221,974.33	\$221,974.33	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 81

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100263169	Verified
22	Identification Number		
23	Legal Name*	GREENBUSH PUBLIC SCHOOLS	
24	Address Line 1*	129 MILITARY RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	GREENBUSH	
28	State Code*	ME	
29	Zip+4*	04418-3137	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 81

54	Sub-Recipient Organization (Awardee)*	JEFFERSON SCHOOL DEPARTMENT, THE TOWN OF-090330499		
55	Award Number*	JEFFERSON7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$222,000.00
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 77		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Jefferson		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04348-0077		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$222,000.00	\$222,000.00	\$0.00	\$0.00
Total		\$222,000.00	\$222,000.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 82

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100262906		Verified
22	Identification Number			
23	Legal Name*	DEDHAM SCHOOL DEPARTMENT		
24	Address Line 1*	2065 MAIN RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DEDHAM		
28	State Code*	ME		
29	Zip+4*	04429-4400		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 83

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	049196165		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT 32		
24	Address Line 1*	190 PRESQUE ISLE RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ASHLAND		
28	State Code*	ME		
29	Zip+4*	04732-3414		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 82

54	Sub-Recipient Organization (Awardee)*	SCHOOL ADMINISTRATIVE DISTRICT 8-097736680
55	Award Number*	MSAD087010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$225,798.30
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	22 Arcola Ln
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Vinalhaven
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04863-4014
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$225,798.30	\$225,798.30	\$0.00	\$0.00
Total		\$225,798.30	\$225,798.30	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 83

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL ADMINISTRATIVE DISTRICT #30-926319559		
55	Award Number*	926319559		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$226,404.45		
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	31 Winn Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Lee		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04455-4200		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$226,404.45	\$226,404.45	\$0.00	\$0.00
Total		\$226,404.45	\$226,404.45	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 84

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	030518997	
23	Legal Name*	WASHINGTON ACADEMY	
24	Address Line 1*	PO BOX 190	
25	Address Line 2		
26	Address Line 3		
27	City Name*	East Machias	
28	State Code*	ME	
29	Zip+4*	04630-0190	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 84

54	Sub-Recipient Organization (Awardee)*	DENNYSVILLE SCHOOL DEPARTMENT-051106458		
55	Award Number*	EASTPORT7010F21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$230,919.50
58	Award Date *	09/21/2020		
59	Period of Performance Start Date *	09/21/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	78 High St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Eastport		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04631-1219		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$230,919.50	\$230,919.50	\$0.00	\$0.00
Total		\$230,919.50	\$230,919.50	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 85

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	183994201	Verified
22	Identification Number		
23	Legal Name*	PLEASANT POINT PASSAMAQUODDY SCHOOL COMMITTEE	
24	Address Line 1*	39A UNION ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CALAIS	
28	State Code*	ME	
29	Zip+4*	04619-1819	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input checked="" type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input checked="" type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Grant 85

54	Sub-Recipient Organization (Awardee)*	SCHOOL UNION 113-193303815
55	Award Number*	EMILLINCKT7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$231,165.09
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	45 North St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	East Millinocket
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04430-1150
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$231,165.09	\$231,165.09	\$0.00	\$0.00
Total		\$231,165.09	\$231,165.09	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 86

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	090330499	Verified
22	Identification Number		
23	Legal Name*	JEFFERSON SCHOOL DEPARTMENT, THE TOWN OF	
24	Address Line 1*	767 MAIN ST 1A	
25	Address Line 2		
26	Address Line 3		
27	City Name*	DAMARISCOTTA	
28	State Code*	ME	
29	Zip+4*	04543-4664	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 87

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	097736680		Verified
22	Identification Number			
23	Legal Name*	SCHOOL ADMINISTRATIVE DISTRICT 8		
24	Address Line 1*	22 ARCOLA LN		
25	Address Line 2			
26	Address Line 3			
27	City Name*	VINALHAVEN		
28	State Code*	ME		
29	Zip+4*	04863-4014		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 86

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL UNION 69-183993518		
55	Award Number*	HOPE7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$233,839.29
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	441 Camden Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Hope		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04847-3115		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$233,839.29	\$233,839.29	\$0.00	\$0.00
Total		\$233,839.29	\$233,839.29	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 88

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	926319559		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT #30		
24	Address Line 1*	31 WINN RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LEE		
28	State Code*	ME		
29	Zip+4*	04455-4200		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Grant 87

54	Sub-Recipient Organization (Awardee)*	EAST MACHIAS SCHOOL DISTRICT-797529786		
55	Award Number*	EMACHIAS7021CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$236,758.76
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 117		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	East Machias		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04630-0117		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$236,758.76	\$236,758.76	\$0.00	\$0.00
Total		\$236,758.76	\$236,758.76	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 88

54	Sub-Recipient Organization (Awardee)*	FOXCROFT ACADEMY-077460681		
55	Award Number*	FOXCROFTAC701021		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$237,404.48
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	975 W Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Dover Foxcroft		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04426-1067		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$237,404.48	\$237,404.48	\$24,309.82	\$24,309.82
Total		\$237,404.48	\$237,404.48	\$24,309.82	\$24,309.82

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$5,274.45	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/26/2020	09/30/2020	\$15,002.04	Items Not Listed Above	material and supplies	

	Classroom						
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	08/26/2020	\$4,033.33	Items Not Listed Above	CONTRACTED SERVICES/TEMP AND SUBSTITUTE PAY/ADDL STAFF HOURS	
Total:							\$24,309.82

Sub Screen: Sub-Recipient 89

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	051106458	
23	Legal Name*	DENNYVILLE SCHOOL DEPARTMENT	
24	Address Line 1*	100 High St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Eastport	
28	State Code*	ME	
29	Zip+4*	04631-1110	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions			
<input type="checkbox"/> Non-domestic (non-U.S.) Entity			
<input type="checkbox"/> Other			

Sub Screen: Sub-Recipient 90

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	193303815	Verified
22	Identification Number		
23	Legal Name*	SCHOOL UNION 113	
24	Address Line 1*	45 NORTH ST STE 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	EAST MILLINOCKET	
28	State Code*	ME	
29	Zip+4*	04430-1152	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 89

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 83/MAINE SCHOOL ADMINISTRATIVE DISTRICT 13-060996014
55	Award Number*	MSAD137010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$237,715.98
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 649
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Bingham
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04920-0649
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$237,715.98	\$237,715.98	\$0.00	\$0.00
Total		\$237,715.98	\$237,715.98	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 90

54	Sub-Recipient Organization (Awardee)*	BRISTOL, TOWN OF-193557527		
55	Award Number*	BRISTOL7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$242,661.81
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	2153 Bristol Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Pemaquid		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04558-4003		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$242,661.81	\$242,661.81	\$0.00	\$0.00
Total		\$242,661.81	\$242,661.81	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 91

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	183993518		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL UNION 69		
24	Address Line 1*	34 HIGHFIELD RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HOPE		
28	State Code*	ME		
29	Zip+4*	04847-3638		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 92

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	797529786		Verified
22	Identification Number			
23	Legal Name*	EAST MACHIAS SCHOOL DISTRICT		
24	Address Line 1*	291 COURT ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MACHIAS		
28	State Code*	ME		
29	Zip+4*	04654-3304		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 91

54	Sub-Recipient Organization (Awardee)*	Union School District 60-878882935		
55	Award Number*	GREENVILLE7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$248,165.96
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	144 Pritham Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Greenville		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04441-3043		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$248,165.96	\$248,165.96	\$0.00	\$0.00
Total		\$248,165.96	\$248,165.96	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 92

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 45/MAINE SCHOOL ADMINISTRATIVE DISTRICT 45-136908063
55	Award Number*	MSAD457010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$248,996.55
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	33 School St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Washburn
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04786-3233
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$248,996.55	\$248,996.55	\$0.00	\$0.00
Total		\$248,996.55	\$248,996.55	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 93

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	077460681		
23	Legal Name*	FOXCROFT ACADEMY		
24	Address Line 1*	975 W Main St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Dover Foxcroft		
28	State Code*	ME		
29	Zip+4*	04426-1067		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 93

54	Sub-Recipient Organization (Awardee)*	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM-123118663
55	Award Number*	BARHARBOR7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$254,644.81
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	93 Cottage St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Bar Harbor
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04609-1400
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$254,644.81	\$254,644.81	\$0.00	\$0.00
Total		\$254,644.81	\$254,644.81	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 94

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	060996014		
23	Legal Name*	REGIONAL SCHOOL UNIT 83/MAINE SCHOOL ADMINISTRATIVE DISTRICT 13		
24	Address Line 1*	263 Main St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Bingham		
28	State Code*	ME		
29	Zip+4*	04920-4015		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 94

54	Sub-Recipient Organization (Awardee)*	REGION 8 MID-COAST SCHOOL OF TECHNOLOGY-117751672		
55	Award Number*	REGION87010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$256,581.90
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	1 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Rockland		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04841-3800		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$256,581.90	\$256,581.90	\$81,656.00	\$81,656.00
Total		\$256,581.90	\$256,581.90	\$81,656.00	\$81,656.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$81,656.00	Items Not Listed Above	BUSES/VANS	
Total:						\$81,656.00	

Sub Screen: Sub-Recipient 95

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	193557527		Verified
22	Identification Number			
23	Legal Name*	BRISTOL, TOWN OF		
24	Address Line 1*	2153 BRISTOL RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PEMAQUID		
28	State Code*	ME		
29	Zip+4*	04558-4003		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 95

54	Sub-Recipient Organization (Awardee)*	MAINE LEARNING INNOVATIONS-080395694		
55	Award Number*	MEVIRTUALAC7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$262,310.97
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	6 E Chestnut St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Augusta		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04330-5758		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$262,310.97	\$262,310.97	\$0.00	\$0.00
Total		\$262,310.97	\$262,310.97	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 96

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	878882935		
23	Legal Name*	Union School District 60		
24	Address Line 1*	144 Pritham Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Greenville		
28	State Code*	ME		
29	Zip+4*	04441-3043		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

Sub Screen: Sub-Recipient 97

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	136908063		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 45/MAINE SCHOOL ADMINISTRATIVE DISTRICT 45		
24	Address Line 1*	1359 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WASHBURN		
28	State Code*	ME		
29	Zip+4*	04786-3218		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 96

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 33/MAINE SCHOOL ADMINISTRATIVE DISTRICT 33-159144690
55	Award Number*	MSAD337010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$266,595.47
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	431 US Route 1
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Frenchville
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04745-6158
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$266,595.47	\$266,595.47	\$0.00	\$0.00
Total		\$266,595.47	\$266,595.47	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 97

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 89-081214976		
55	Award Number*	RSU897010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$266,689.73
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	800 Station Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Stacyville		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04777-4121		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$266,689.73	\$266,689.73	\$0.00	\$0.00
Total		\$266,689.73	\$266,689.73	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 98

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	123118663		Verified
22	Identification Number			
23	Legal Name*	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM		
24	Address Line 1*	11 EAGLE LAKE RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BAR HARBOR		
28	State Code*	ME		
29	Zip+4*	04609-1043		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 98

54	Sub-Recipient Organization (Awardee)*	MILFORD PUBLIC SCHOOLS-100263524
55	Award Number*	MILFORD7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$268,247.89
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	13 School St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Milford
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04461-3300
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$268,247.89	\$268,247.89	\$0.00	\$0.00
Total		\$268,247.89	\$268,247.89	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 99

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	117751672		Verified
22	Identification Number			
23	Legal Name*	REGION 8 MID-COAST SCHOOL OF TECHNOLOGY		
24	Address Line 1*	1 S MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ROCKLAND		
28	State Code*	ME		
29	Zip+4*	04841		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 100

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	080395694	
23	Legal Name*	MAINE LEARNING INNOVATIONS	
24	Address Line 1*	6 E Chestnut St Ste 230	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Augusta	
28	State Code*	ME	
29	Zip+4*	04330-5763	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 99

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 88/MAINE SCHOOL ADMINISTRATIVE DISTRICT 24-114684145
55	Award Number*	MSAD247010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$272,039.09
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	169 Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Van Buren
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04785-1248
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$272,039.09	\$272,039.09	\$0.00	\$0.00
Total		\$272,039.09	\$272,039.09	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 101

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	159144690		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 33/MAINE SCHOOL ADMINISTRATIVE DISTRICT 33		
24	Address Line 1*	431 US RTE 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	FRENCHVILLE		
28	State Code*	ME		
29	Zip+4*	04745		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 100

54	Sub-Recipient Organization (Awardee)*	DEER ISLE/STONINGTON CSD-100262922		
55	Award Number*	DEERISLECS7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$279,633.93
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	251 N Deer Isle Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Deer Isle		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04627-3432		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$279,633.93	\$279,633.93	\$0.00	\$0.00
Total		\$279,633.93	\$279,633.93	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 101

54	Sub-Recipient Organization (Awardee)*	CORNVILLE REGIONAL CHARTER SCHOOL-078455301		
55	Award Number*	CORNVILLE7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$283,005.34
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	1192 W Ridge Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cornville		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04976-6214		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$283,005.34	\$283,005.34	\$0.00	\$0.00
Total		\$283,005.34	\$283,005.34	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 102

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	081214976	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT 89	
24	Address Line 1*	800 STATION RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	STACYVILLE	
28	State Code*	ME	
29	Zip+4*	04777-4121	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 102

54	Sub-Recipient Organization (Awardee)*	ORRINGTON, TOWN OF-040755741		
55	Award Number*	ORRINGTON7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$293,455.93
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	19 School St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Orrington		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04474-3435		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$293,455.93	\$293,455.93	\$0.00	\$0.00
Total		\$293,455.93	\$293,455.93	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 103

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100263524	Verified
22	Identification Number		
23	Legal Name*	MILFORD PUBLIC SCHOOLS	
24	Address Line 1*	13 SCHOOL ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MILFORD	
28	State Code*	ME	
29	Zip+4*	04461-3300	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 103

54	Sub-Recipient Organization (Awardee)*	BAXTER ACADEMIES OF MAINE-078454438		
55	Award Number*	BAXTERAC7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$296,078.01
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	54 York St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Portland		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04101-4569		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$296,078.01	\$296,078.01	\$0.00	\$0.00
Total		\$296,078.01	\$296,078.01	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 104

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	114684145		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 88/MAINE SCHOOL ADMINISTRATIVE DISTRICT 24		
24	Address Line 1*	169 MAIN ST STE 101		
25	Address Line 2			
26	Address Line 3			
27	City Name*	VAN BUREN		
28	State Code*	ME		
29	Zip+4*	04785-1248		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 105

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100262922	Verified
22	Identification Number		
23	Legal Name*	DEER ISLE/STONINGTON CSD	
24	Address Line 1*	251 N DEER ISLE RD UNIT 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	DEER ISLE	
28	State Code*	ME	
29	Zip+4*	04627-3432	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 104

54	Sub-Recipient Organization (Awardee)*	BAILEYVILLE, TOWN OF-144840415		
55	Award Number*	BAILEYVILLE7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$298,768.15
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	63 Broadway St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Baileyville		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04694-3417		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$298,768.15	\$298,768.15	\$0.00	\$0.00
Total		\$298,768.15	\$298,768.15	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 105

54	Sub-Recipient Organization (Awardee)*	FRYEBURG ACADEMY-071736268
55	Award Number*	FRYBURGAC7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$300,834.65
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	745 Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Fryeburg
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04037-1322
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$300,834.65	\$300,834.65	\$0.00	\$0.00
Total		\$300,834.65	\$300,834.65	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 106

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	078455301	Verified
22	Identification Number		
23	Legal Name*	CORNVILLE REGIONAL CHARTER SCHOOL	
24	Address Line 1*	1192 WEST RIDGE RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SKOWHEGAN	
28	State Code*	ME	
29	Zip+4*	04976-6214	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 106

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 50-967756664		
55	Award Number*	RSU507010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$312,238.78
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	922 Dyer Brook Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Dyer Brook		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04747-5028		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$312,238.78	\$312,238.78	\$45,132.08	\$45,132.08
Total		\$312,238.78	\$312,238.78	\$45,132.08	\$45,132.08

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$5,617.40	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$24,815.00	Items Not Listed Above	BUSES/VANS	

	Classroom					
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$13,074.08	Items Not Listed Above	FACILITIES
Line 4	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$1,625.60	Items Not Listed Above	MATERIALS & SUPPLIES
Total:						\$45,132.08

Sub Screen: Sub-Recipient 107

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	040755741	Verified
22	Identification Number		
23	Legal Name*	ORRINGTON, TOWN OF	
24	Address Line 1*	19 SCHOOL ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	ORRINGTON	
28	State Code*	ME	
29	Zip+4*	04474-3435	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 108

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	078454438		
23	Legal Name*	BAXTER ACADEMIES OF MAINE		
24	Address Line 1*	185 Lancaster St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Portland		
28	State Code*	ME		
29	Zip+4*	04101-2453		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 107

54	Sub-Recipient Organization (Awardee)*	LINCOLN ACADEMY-077477594		
55	Award Number*	LINCOLINAC7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$322,573.16
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	09/30/2020		
61	Primary Place of Performance Address Line 1 *	81 Academy HI		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Newcastle		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04553-3433		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$322,573.16	\$322,573.16	\$0.00	\$0.00
Total		\$322,573.16	\$322,573.16	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 109

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	144840415	Verified
22	Identification Number		
23	Legal Name*	BAILEYVILLE, TOWN OF	
24	Address Line 1*	63 BROADWAY ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BAILEYVILLE	
28	State Code*	ME	
29	Zip+4*	04694-3417	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 108

54	Sub-Recipient Organization (Awardee)*	GREAT SALT BAY COMMUNITY SCHOOL DISTRICT-077470516		
55	Award Number*	GREATSLTBY7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$322,886.21
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	767 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Damariscotta		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04543-4664		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$322,886.21	\$322,886.21	\$0.00	\$0.00
Total		\$322,886.21	\$322,886.21	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 109

54	Sub-Recipient Organization (Awardee)*	Maine Vocational Region 11-859684508
55	Award Number*	REGION117010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$329,313.77
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	256 Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	South Paris
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04281-1629
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$329,313.77	\$329,313.77	\$0.00	\$0.00
Total		\$329,313.77	\$329,313.77	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 110

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	071736268	
23	Legal Name*	FRYEBURG ACADEMY	
24	Address Line 1*	745 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Fryeburg	
28	State Code*	ME	
29	Zip+4*	04037-1322	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
<input type="checkbox"/> Tribally Controlled College or University (TCCU)			
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions			
<input type="checkbox"/> Non-domestic (non-U.S.) Entity			
<input type="checkbox"/> Other			

Sub Screen: Grant 110

54	Sub-Recipient Organization (Awardee)*	SCHOOL ADMINISTRATIVE DISTRICT 42-030518914		
55	Award Number*	MSAD427010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$334,675.73
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	35 Pleasant St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Mars Hill		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04758-3499		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$334,675.73	\$334,675.73	\$13,612.68	\$13,612.68
Total		\$334,675.73	\$334,675.73	\$13,612.68	\$13,612.68

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$1,250.00	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$12,362.68	Items Not Listed Above	material and supplies	

	Classroom						
Total:							\$13,612.68

Sub Screen: Sub-Recipient 111

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	967756664	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT 50	
24	Address Line 1*	922 DYER BROOK RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	DYER BROOK	
28	State Code*	ME	
29	Zip+4*	04747-5028	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 111

54	Sub-Recipient Organization (Awardee)*	GLENBURN SCHOOL DEPARTMENT-113778349		
55	Award Number*	GLENBURN7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$342,855.31
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	983 Hudson Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Glenburn		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04401-1610		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$342,855.31	\$342,855.31	\$47,270.27	\$47,270.27
Total		\$342,855.31	\$342,855.31	\$47,270.27	\$47,270.27

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$5,328.25	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/26/2020	09/30/2020	\$28,569.31	Items Not Listed Above	FACILITIES	

	Classroom					
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$5,880.99	Items Not Listed Above	MATERIAL AND SUPPLIES
Line 4	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$7,491.72	Items Not Listed Above	CONTRACTED SERVICES/TEMP AND SUBSTITUTE PAY/ADDITIONAL STAFF HOURS
Total:						\$47,270.27

Sub Screen: Sub-Recipient 112

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	077477594		
23	Legal Name*	LINCOLN ACADEMY		
24	Address Line 1*	81 Academy HI		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Newcastle		
28	State Code*	ME		
29	Zip+4*	04553-3433		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 112

54	Sub-Recipient Organization (Awardee)*	ERSKINE ACADEMY-097740815		
55	Award Number*	ERSKINEAC7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$350,498.32
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	309 Windsor Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	South China		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04358-5118		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$350,498.32	\$350,498.32	\$0.00	\$0.00
Total		\$350,498.32	\$350,498.32	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 113

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	077470516		
23	Legal Name*	GREAT SALT BAY COMMUNITY SCHOOL DISTRICT		
24	Address Line 1*	767 Main St # 1A		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Damariscotta		
28	State Code*	ME		
29	Zip+4*	04543-4664		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 115

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	030518914	Verified
22	Identification Number		
23	Legal Name*	SCHOOL ADMINISTRATIVE DISTRICT 42	
24	Address Line 1*	35 PLEASANT ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MARS HILL	
28	State Code*	ME	
29	Zip+4*	04758-3499	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 113

54	Sub-Recipient Organization (Awardee)*	SCHOOL UNION 52-800903494		
55	Award Number*	VASSALBORO7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$353,783.58
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	20 Dean St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Winslow		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04901-6738		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0085F21 - DOE Care for School Age Children	\$353,783.58	\$353,783.58	\$0.00	\$0.00
Total		\$353,783.58	\$353,783.58	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 116

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	113778349	Verified
22	Identification Number		
23	Legal Name*	GLENBURN SCHOOL DEPARTMENT	
24	Address Line 1*	983 HUDSON RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	GLENBURN	
28	State Code*	ME	
29	Zip+4*	04401-1610	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 114

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 64-034422493		
55	Award Number*	MSAD637010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$363,845.71
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	202 Kidder Hill Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Holden		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04429-6222		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$363,845.71	\$363,845.71	\$0.00	\$0.00
Total		\$363,845.71	\$363,845.71	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 117

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	097740815		
23	Legal Name*	ERSKINE ACADEMY		
24	Address Line 1*	309 Windsor Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	South China		
28	State Code*	ME		
29	Zip+4*	04358-5118		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 115

54	Sub-Recipient Organization (Awardee)*	MADAWASKA SCHOOL DEPARTMENT-100029156
55	Award Number*	MADAWASKA7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$376,656.53
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	328 Saint Thomas St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Madawaska
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04756-1242
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$376,656.53	\$376,656.53	\$0.00	\$0.00
Total		\$376,656.53	\$376,656.53	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 116

54	Sub-Recipient Organization (Awardee)*	MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM - AOS 91-193546397			
55	Award Number*	MTDESERTCSD7010CRF21			
56	Award Payment Method*	Reimbursable			
57	Amount of Award *				\$391,723.35
58	Award Date *	08/27/2020			
59	Period of Performance Start Date *	08/27/2020			
60	Period of Performance End Date *	12/30/2020			
61	Primary Place of Performance Address Line 1 *	PO BOX 60			
62	Primary Place of Performance Address Line 2				
63	Primary Place of Performance Address Line 3				
64	Primary Place of Performance City Name *	Mount Desert			
65	Primary Place of Performance State Code *	ME			
66	Primary Place of Performance Zip+4 *	04660-0060			
67	Primary Place of Performance Country Name *	United States			
68	Primary Place of Performance Country Code *	USA			
69	Primary Place of Performance Congressional District *				2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.			

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$391,723.35	\$391,723.35	\$0.00	\$0.00
Total		\$391,723.35	\$391,723.35	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 118

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	800903494		Verified
22	Identification Number			
23	Legal Name*	SCHOOL UNION 52		
24	Address Line 1*	1116 WEBBER POND RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	VASSALBORO		
28	State Code*	ME		
29	Zip+4*	04989-3949		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 117

54	Sub-Recipient Organization (Awardee)*	BOOTHBAY HARBOR COMMUNITY SCHOOL DISTRICT 903-193303971		
55	Award Number*	BOOTHBYHRB7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$396,179.21
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	51 Emery Ln		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Boothbay Harbor		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04538-1964		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$396,179.21	\$396,179.21	\$0.00	\$0.00
Total		\$396,179.21	\$396,179.21	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 120

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	034422493	
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 64	
24	Address Line 1*	118 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Corinth	
28	State Code*	ME	
29	Zip+4*	04427-3026	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 121

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100029156	Verified
22	Identification Number		
23	Legal Name*	MADAWASKA SCHOOL DEPARTMENT	
24	Address Line 1*	328 SAINT THOMAS ST STE 201	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MADAWASKA	
28	State Code*	ME	
29	Zip+4*	04756-1242	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Grant 118

54	Sub-Recipient Organization (Awardee)*	SCHOOL ADMINISTRATIVE DISTRICT #31-086887635		
55	Award Number*	MSAD317010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$404,384.54
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	20 Howland Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Lagrange		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04453-5321		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$404,384.54	\$404,384.54	\$0.00	\$0.00
Total		\$404,384.54	\$404,384.54	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 123

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	193303971		Verified
22	Identification Number			
23	Legal Name*	BOOTHBAY HARBOR COMMUNITY SCHOOL DISTRICT 903		
24	Address Line 1*	51 EMERY LN		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BOOTHBAY HARBOR		
28	State Code*	ME		
29	Zip+4*	04538-1964		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 119

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT NO. 20-831034991			
55	Award Number*	RSU207010CRF21			
56	Award Payment Method*	Reimbursable			
57	Amount of Award *				\$424,667.60
58	Award Date *	08/26/2020			
59	Period of Performance Start Date *	08/26/2020			
60	Period of Performance End Date *	12/30/2020			
61	Primary Place of Performance Address Line 1 *	6 Mortland Rd			
62	Primary Place of Performance Address Line 2				
63	Primary Place of Performance Address Line 3				
64	Primary Place of Performance City Name *	Searsport			
65	Primary Place of Performance State Code *	ME			
66	Primary Place of Performance Zip+4 *	04974-3332			
67	Primary Place of Performance Country Name *	United States			
68	Primary Place of Performance Country Code *	USA			
69	Primary Place of Performance Congressional District *				2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.			

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$424,667.60	\$424,667.60	\$0.00	\$0.00
Total		\$424,667.60	\$424,667.60	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 120

54	Sub-Recipient Organization (Awardee)*	UNITED TECHNOLOGIES CENTER- REGION 4-793132221		
55	Award Number*	REGION47010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$424,942.72
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	200 Hogan Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Bangor		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04401-5663		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$424,942.72	\$424,942.72	\$0.00	\$0.00
Total		\$424,942.72	\$424,942.72	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 124

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	086887635	
23	Legal Name*	SCHOOL ADMINISTRATIVE DISTRICT #31	
24	Address Line 1*	23 Cross St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Howland	
28	State Code*	ME	
29	Zip+4*	04448-3711	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 125

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	831034991		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT NO. 20		
24	Address Line 1*	6 MORTLAND RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SEARSPORT		
28	State Code*	ME		
29	Zip+4*	04974-3332		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 121

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 70/MAINE SCHOOL ADMINISTRATIVE DISTRICT 70-051344679
55	Award Number*	MSAD707010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$426,827.01
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	175 Hodgdon Mills Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Hodgdon
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04730-4277
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$426,827.01	\$426,827.01	\$305,600.48	\$305,600.48
Total		\$426,827.01	\$426,827.01	\$305,600.48	\$305,600.48

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$115,098.17	Facilitating Distance Learning		
Line	CV0066F21 - DOE	08/27/2020	09/30/2020	\$139,685.00		BUSES/VANS	

2	Safe Return to Classroom				Items Not Listed Above	
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$50,817.31	Items Not Listed Above	MATERIAL AND SUPPLIES
Total:						\$305,600.48

Sub Screen: Sub-Recipient 126

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	793132221		
23	Legal Name*	UNITED TECHNOLOGIES CENTER- REGION 4		
24	Address Line 1*	200 Hogan Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Bangor		
28	State Code*	ME		
29	Zip+4*	04401-5663		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 122

54	Sub-Recipient Organization (Awardee)*	SCHOOL ADMIN DISTRICT 20-046521886		
55	Award Number*	MSAD207010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$443,445.85
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	28 High School Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Fort Fairfield		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04742-1187		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$443,445.85	\$443,445.85	\$0.00	\$0.00
Total		\$443,445.85	\$443,445.85	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 123

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 12-158349191			
55	Award Number*	WISCASSET7010CRF21			
56	Award Payment Method*	Reimbursable			
57	Amount of Award *				\$448,737.22
58	Award Date *	08/27/2020			
59	Period of Performance Start Date *	08/27/2020			
60	Period of Performance End Date *	12/30/2020			
61	Primary Place of Performance Address Line 1 *	225 Gardiner Rd			
62	Primary Place of Performance Address Line 2				
63	Primary Place of Performance Address Line 3				
64	Primary Place of Performance City Name *	Wiscasset			
65	Primary Place of Performance State Code *	ME			
66	Primary Place of Performance Zip+4 *	04578-4217			
67	Primary Place of Performance Country Name *	United States			
68	Primary Place of Performance Country Code *	USA			
69	Primary Place of Performance Congressional District *				1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.			

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$448,737.22	\$448,737.22	\$0.00	\$0.00
Total		\$448,737.22	\$448,737.22	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 127

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	051344679		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 70/MAINE SCHOOL ADMINISTRATIVE DISTRICT 70		
24	Address Line 1*	175 HODGDON MILLS RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HODGDON		
28	State Code*	ME		
29	Zip+4*	04730-4277		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 124

54	Sub-Recipient Organization (Awardee)*	MILLINOCKET SCHOOL DISTRICT-100029230
55	Award Number*	MILLINOCKET7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$449,024.20
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	199 State St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Millinocket
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04462-1545
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$449,024.20	\$449,024.20	\$0.00	\$0.00
Total		\$449,024.20	\$449,024.20	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 128

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	046521886	Verified
22	Identification Number		
23	Legal Name*	SCHOOL ADMIN DISTRICT 20	
24	Address Line 1*	28 HIGH SCHOOL DR STE B	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FORT FAIRFIELD	
28	State Code*	ME	
29	Zip+4*	04742-1187	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 125

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 80/MAINE SCHOOL ADMINISTRATIVE DISTRICT 4-169183357
55	Award Number*	MSAD047010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$470,759.34
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	9 Campus Dr
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Guilford
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04443-6315
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$470,759.34	\$470,759.34	\$133,056.03	\$133,056.03
Total		\$470,759.34	\$470,759.34	\$133,056.03	\$133,056.03

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$30,975.69	Facilitating Distance Learning		
Line	CV0066F21 - DOE	08/27/2020	09/30/2020	\$6,134.50			

2	Safe Return to Classroom				Food Programs	
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$37,901.00	Items Not Listed Above	BUSES/VANS
Line 4	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$51,513.52	Items Not Listed Above	FACILITIES
Line 5	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$6,531.32	Items Not Listed Above	MATERIAL AND SUPPLIES
Total:						\$133,056.03

Sub Screen: Sub-Recipient 129

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	158349191		
23	Legal Name*	REGIONAL SCHOOL UNIT 12		
24	Address Line 1*	83 Federal St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Wiscasset		
28	State Code*	ME		
29	Zip+4*	04578-4004		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 130

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100029230	Verified
22	Identification Number		
23	Legal Name*	MILLINOCKET SCHOOL DISTRICT	
24	Address Line 1*	199 STATE ST.	
25	Address Line 2		
26	Address Line 3		
27	City Name*	MILLINOCKET	
28	State Code*	ME	
29	Zip+4*	04462-1545	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 126

54	Sub-Recipient Organization (Awardee)*	SCHOOL UNION 102-183994128
55	Award Number*	MACHIAS010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$483,345.89
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	291 Court St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Machias
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04654-3304
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$483,345.89	\$483,345.89	\$0.00	\$0.00
Total		\$483,345.89	\$483,345.89	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 131

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	169183357	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT 80/MAINE SCHOOL ADMINISTRATIVE DISTRICT 4	
24	Address Line 1*	25 CAMPUS DR	
25	Address Line 2		
26	Address Line 3		
27	City Name*	GUILFORD	
28	State Code*	ME	
29	Zip+4*	04443-6315	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 127

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 87-037719952		
55	Award Number*	msad237010crf21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$506,539.69
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	44 Plymouth Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Carmel		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04419-3453		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$506,539.69	\$506,539.69	\$0.00	\$0.00
Total		\$506,539.69	\$506,539.69	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 132

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	183994128	
23	Legal Name*	SCHOOL UNION 102	
24	Address Line 1*	291 Court St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Machias	
28	State Code*	ME	
29	Zip+4*	04654-3304	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 128

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL ADMINISTRATIVE DISTRICT 59-049226756		
55	Award Number*	MSAD587010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$531,805.36
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	1401 Rangeley Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Phillips		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04966-4606		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$531,805.36	\$531,805.36	\$46,474.90	\$46,474.90
Total		\$531,805.36	\$531,805.36	\$46,474.90	\$46,474.90

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$17,764.00	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$26,189.64	Items Not Listed Above	FACILITIES	

	Classroom							
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$2,521.26	Items Not Listed Above	MATERIAL AND SUPPLIES		
Total:								\$46,474.90

Sub Screen: Grant 129

54	Sub-Recipient Organization (Awardee)*	FIVE TOWN COMMUNITY SCHOOL DISTRICT-096935049		
55	Award Number*	FIVETWNCSD7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$535,209.90
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	7 Lions Ln		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Camden		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04843-1536		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$535,209.90	\$535,209.90	\$0.00	\$0.00
Total		\$535,209.90	\$535,209.90	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 133

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	037719952		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 87		
24	Address Line 1*	44 PLYMOUTH ROAD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CARMEL		
28	State Code*	ME		
29	Zip+4*	04419-3453		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 130

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL ADMINISTRATIVE DISTRICT 28-122800840			
55	Award Number*	MSAD287010CRF21			
56	Award Payment Method*	Reimbursable			
57	Amount of Award *				\$537,667.02
58	Award Date *	08/27/2020			
59	Period of Performance Start Date *	08/27/2020			
60	Period of Performance End Date *	12/30/2020			
61	Primary Place of Performance Address Line 1 *	7 Lions Ln			
62	Primary Place of Performance Address Line 2				
63	Primary Place of Performance Address Line 3				
64	Primary Place of Performance City Name *	Camden			
65	Primary Place of Performance State Code *	ME			
66	Primary Place of Performance Zip+4 *	04843-1536			
67	Primary Place of Performance Country Name *	United States			
68	Primary Place of Performance Country Code *	USA			
69	Primary Place of Performance Congressional District *				1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.			

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$537,667.02	\$537,667.02	\$0.00	\$0.00
Total		\$537,667.02	\$537,667.02	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 134

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	049226756		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT 59		
24	Address Line 1*	205 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MADISON		
28	State Code*	ME		
29	Zip+4*	04950-1519		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 131

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL ADMINISTRATIVE DISTRICT 60-183994243		
55	Award Number*	MSAD597010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$549,679.13
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/28/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	205 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Madison		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04950-1519		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$549,679.13	\$549,679.13	\$0.00	\$0.00
Total		\$549,679.13	\$549,679.13	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 136

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	096935049	Verified
22	Identification Number		
23	Legal Name*	FIVE TOWN COMMUNITY SCHOOL DISTRICT	
24	Address Line 1*	7 LIONS LN	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CAMDEN	
28	State Code*	ME	
29	Zip+4*	04843-1536	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 132

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 53/MAINE SCHOOL ADMINISTRATIVE DISTRICT 53-100030105
55	Award Number*	MSAD537010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$557,002.36
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	167 School St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Pittsfield
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04967-4747
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$557,002.36	\$557,002.36	\$123,988.62	\$123,988.62
Total		\$557,002.36	\$557,002.36	\$123,988.62	\$123,988.62

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$20,020.40	Facilitating Distance Learning		
Line	CV0066F21 - DOE	08/27/2020	09/30/2020	\$48,682.62		BUSES/VANS	

2	Safe Return to Classroom				Items Not Listed Above	
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$55,285.60	Items Not Listed Above	MATERIAL AND SUPPLIES
Total:						\$123,988.62

Sub Screen: Sub-Recipient 137

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	122800840		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT 28		
24	Address Line 1*	7 LIONS LN		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CAMDEN		
28	State Code*	ME		
29	Zip+4*	04843-1536		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 138

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	183994243		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT 60		
24	Address Line 1*	100 NOBLE WAY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	NORTH BERWICK		
28	State Code*	ME		
29	Zip+4*	03906-6925		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 133

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT #23-830698218		
55	Award Number*	RSU237010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$564,197.74
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	40 E Emerson Cummings Blvd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Old Orchard Beach		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04064-1460		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$564,197.74	\$564,197.74	\$185,607.18	\$185,607.18
Total		\$564,197.74	\$564,197.74	\$185,607.18	\$185,607.18

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$8,658.12	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/26/2020	09/30/2020	\$568.69	Food Programs		

	Classroom					
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$41,665.08	Items Not Listed Above	FACILITIES
Line 4	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$44,859.29	Items Not Listed Above	MATERIALS & SUPPLIES
Line 5	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$89,856.00	Items Not Listed Above	CONTRACTED SERVICES/TEMP AND SUBSTITUTE PAY/ADDL STAFF HOURS
Total:						\$185,607.18

Sub Screen: Grant 134

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL ADMIN DISTRICT 74-159145119		
55	Award Number*	MSAD747010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$565,946.91
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 219		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	North Anson		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04958-0219		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$565,946.91	\$565,946.91	\$0.00	\$0.00
Total		\$565,946.91	\$565,946.91	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 139

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	100030105	
23	Legal Name*	REGIONAL SCHOOL UNIT 53/MAINE SCHOOL ADMINISTRATIVE DISTRICT 53	
24	Address Line 1*	167 School St # A	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Pittsfield	
28	State Code*	ME	
29	Zip+4*	04967-4747	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 135

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT #44-093633931		
55	Award Number*	MSAD447010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$571,069.04
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	1 Parkway		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Bethel		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04217-4449		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$571,069.04	\$571,069.04	\$90,163.77	\$90,163.77
Total		\$571,069.04	\$571,069.04	\$90,163.77	\$90,163.77

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$14,452.98	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$38,601.00	Items Not Listed Above	FACILITIES	

	Classroom						
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$37,109.79	Items Not Listed Above	MATERIAL AND SUPPLIES	
Total:							\$90,163.77

Sub Screen: Sub-Recipient 140

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	830698218		
23	Legal Name*	REGIONAL SCHOOL UNIT #23		
24	Address Line 1*	90 Beach St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Saco		
28	State Code*	ME		
29	Zip+4*	04072-2812		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 141

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	159145119	Verified
22	Identification Number		
23	Legal Name*	MAINE SCHOOL ADMIN DISTRICT 74	
24	Address Line 1*	56 N MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	NORTH ANSON	
28	State Code*	ME	
29	Zip+4*	04958-7511	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 136

54	Sub-Recipient Organization (Awardee)*	SCHOOL ADMIN DISTRICT 41-077470698		
55	Award Number*	MSAD417010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$573,865.26
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	20 Howland Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Lagrange		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04453-5321		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$573,865.26	\$573,865.26	\$0.00	\$0.00
Total		\$573,865.26	\$573,865.26	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 137

54	Sub-Recipient Organization (Awardee)*	MSAD 68-042051177		
55	Award Number*	MSAD687010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$586,788.92
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	63 Harrison Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Dover Foxcroft		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04426-1193		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$586,788.92	\$586,788.92	\$0.00	\$0.00
Total		\$586,788.92	\$586,788.92	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 142

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	093633931	
23	Legal Name*	REGIONAL SCHOOL UNIT #44	
24	Address Line 1*	1 Parkway Ste 204	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bethel	
28	State Code*	ME	
29	Zip+4*	04217-4451	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions			
<input type="checkbox"/> Non-domestic (non-U.S.) Entity			
<input type="checkbox"/> Other			

Sub Screen: Grant 138

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL ADMINISTRATION DISTRICT 37-077476745		
55	Award Number*	MSAD377010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$630,662.37
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	1020 Sacarap Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Harrington		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04643-3224		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$630,662.37	\$630,662.37	\$0.00	\$0.00
Total		\$630,662.37	\$630,662.37	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 143

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	077470698		
23	Legal Name*	SCHOOL ADMIN DISTRICT 41		
24	Address Line 1*	20 Howland Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lagrange		
28	State Code*	ME		
29	Zip+4*	04453-5321		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 144

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	042051177		Verified
22	Identification Number			
23	Legal Name*	MSAD 68		
24	Address Line 1*	63 HARRISON AVE STE C		
25	Address Line 2			
26	Address Line 3			
27	City Name*	DOVER FOXCROFT		
28	State Code*	ME		
29	Zip+4*	04426-1135		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 139

54	Sub-Recipient Organization (Awardee)*	GLENBURN SCHOOL DEPARTMENT-113778349		
55	Award Number*	RSU267010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$634,582.61
58	Award Date *	09/21/2020		
59	Period of Performance Start Date *	09/21/2020		
60	Period of Performance End Date *	09/30/2020		
61	Primary Place of Performance Address Line 1 *	10 Goodridge Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Orono		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04473-4077		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$634,582.61	\$634,582.61	\$0.00	\$0.00
Total		\$634,582.61	\$634,582.61	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 140

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL ADMINISTRATIVE DISTRICT 72-788129351		
55	Award Number*	MSAD727010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$634,656.81
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	25 Molly Ockett Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Fryeburg		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04037-1496		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$634,656.81	\$634,656.81	\$0.00	\$0.00
Total		\$634,656.81	\$634,656.81	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 145

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	077476745	Verified
22	Identification Number		
23	Legal Name*	MAINE SCHOOL ADMINISTRATION DISTRICT 37	
24	Address Line 1*	1020 SACARAP RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HARRINGTON	
28	State Code*	ME	
29	Zip+4*	04643-3224	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 147

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	788129351		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT 72		
24	Address Line 1*	25 MOLLY OCKETT DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	FRYEBURG		
28	State Code*	ME		
29	Zip+4*	04037-1496		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 141

54	Sub-Recipient Organization (Awardee)*	CALAIS, CITY OF-962649534		
55	Award Number*	CALAIS7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$647,674.68
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	32 Blue Devil Hl		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Calais		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04619-4037		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$647,674.68	\$647,674.68	\$0.00	\$0.00
Total		\$647,674.68	\$647,674.68	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 148

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	962649534		Verified
22	Identification Number			
23	Legal Name*	CALAIS, CITY OF		
24	Address Line 1*	32 BLUE DEVIL HILL		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CALAIS		
28	State Code*	ME		
29	Zip+4*	04619-4037		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 142

54	Sub-Recipient Organization (Awardee)*	WINTHROP PUBLIC SCHOOLS-186663485		
55	Award Number*	WINTHROP7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$658,477.16
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	17 Highland Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Winthrop		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04364-1506		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$658,477.16	\$658,477.16	\$0.00	\$0.00
Total		\$658,477.16	\$658,477.16	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 143

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 10-829736185
55	Award Number*	RSU567010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$684,092.97
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	147 Weld St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Dixfield
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04224-9523
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$684,092.97	\$684,092.97	\$0.00	\$0.00
Total		\$684,092.97	\$684,092.97	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 149

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	186663485		
23	Legal Name*	WINTHROP PUBLIC SCHOOLS		
24	Address Line 1*	17A Highland Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Winthrop		
28	State Code*	ME		
29	Zip+4*	04364-1506		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 150

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	829736185		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 10		
24	Address Line 1*	799 HANCOCK ST # 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	RUMFORD		
28	State Code*	ME		
29	Zip+4*	04276-1547		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 144

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL ADMINISTRATIVE DIST 27-047069562		
55	Award Number*	MSAD277010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$709,306.54
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	84 Pleasant St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Fort Kent		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04743-1574		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$709,306.54	\$709,306.54	\$0.00	\$0.00
Total		\$709,306.54	\$709,306.54	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 145

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT NO 24-968246459		
55	Award Number*	RSU247010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$733,550.91
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	2165 US Hwy 1		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sullivan		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04664-3202		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$733,550.91	\$733,550.91	\$0.00	\$0.00
Total		\$733,550.91	\$733,550.91	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 151

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	047069562	Verified
22	Identification Number		
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DIST 27	
24	Address Line 1*	84 PLEASANT ST, STE 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FORT KENT	
28	State Code*	ME	
29	Zip+4*	04743-1574	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 152

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	968246459	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT NO 24	
24	Address Line 1*	2165 US HWY 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	NORTH SULLIVAN	
28	State Code*	ME	
29	Zip+4*	04664-3214	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 146

54	Sub-Recipient Organization (Awardee)*	KITTERY, TOWN OF-093629822		
55	Award Number*	KITTERY7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$778,962.92
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	200 Rogers Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Kittery		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	03904-1460		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$778,962.92	\$778,962.92	\$69,873.72	\$69,873.72
Total		\$778,962.92	\$778,962.92	\$69,873.72	\$69,873.72

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$21,830.41	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/26/2020	09/30/2020	\$312.00	Food Programs		

	Classroom					
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$9,880.00	Items Not Listed Above	FACILITIES
Line 4	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$37,851.31	Items Not Listed Above	MATERIALS & SUPPLIES
Total:						\$69,873.72

Sub Screen: Sub-Recipient 153

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	093629822		Verified
22	Identification Number			
23	Legal Name*	KITTERY, TOWN OF		
24	Address Line 1*	200 ROGERS RD EXT		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KITTERY		
28	State Code*	ME		
29	Zip+4*	03904-1458		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 147

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT NO. 67-612686907		
55	Award Number*	RSU677010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$796,687.06
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	10/31/2020		
61	Primary Place of Performance Address Line 1 *	25 Reed Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Lincoln		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04457-1735		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$796,687.06	\$796,687.06	\$97,787.76	\$97,787.76
Total		\$796,687.06	\$796,687.06	\$97,787.76	\$97,787.76

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$58,678.82	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$1,228.00	Items Not Listed Above	FACILITIES	

	Classroom					
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$36,364.53	Items Not Listed Above	MATERIAL AND SUPPLIES
Line 4	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$1,516.41	Items Not Listed Above	CONTRACTED SERVICES/TEMP AND SUBSTITUTE PAY/ADDITIONAL STAFF HOURS
Total:				\$97,787.76		

Sub Screen: Sub-Recipient 154

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	612686907		
23	Legal Name*	REGIONAL SCHOOL UNIT NO. 67		
24	Address Line 1*	25 Reed Dr		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lincoln		
28	State Code*	ME		
29	Zip+4*	04457-1735		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 148

54	Sub-Recipient Organization (Awardee)*	Sheepscot Valley Regional School Unit 12-830793308		
55	Award Number*	RSU127010CRD21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$834,625.89
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	665 Patricktown Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Somerville		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04348-3035		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$834,625.89	\$834,625.89	\$0.00	\$0.00
Total		\$834,625.89	\$834,625.89	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 149

54	Sub-Recipient Organization (Awardee)*	TRUSTEES OF THORNTON ACADEMY (INC)-100977024		
55	Award Number*	THORNTONACA7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$841,632.39
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	438 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Saco		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04072-1565		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$841,632.39	\$841,632.39	\$0.00	\$0.00
Total		\$841,632.39	\$841,632.39	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 155

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	830793308		
23	Legal Name*	Sheepscot Valley Regional School Unit 12		
24	Address Line 1*	665 Patricktown Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Somerville		
28	State Code*	ME		
29	Zip+4*	04348-3035		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 150

54	Sub-Recipient Organization (Awardee)*	SCHOOL ADMINISTRATIVE DISTRICT 55-943417923		
55	Award Number*	MSAD557010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$864,396.19
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	137 S Hiram Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Hiram		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04041-3636		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$864,396.19	\$864,396.19	\$0.00	\$0.00
Total		\$864,396.19	\$864,396.19	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 156

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	100977024		
23	Legal Name*	TRUSTEES OF THORNTON ACADEMY (INC)		
24	Address Line 1*	438 Main St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Saco		
28	State Code*	ME		
29	Zip+4*	04072-1565		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 151

54	Sub-Recipient Organization (Awardee)*	SCHOOL ADMIN DISTRICT 65-015967362		
55	Award Number*	MSAD647010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$881,600.65
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 279		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Corinth		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04427-0279		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$881,600.65	\$881,600.65	\$38,361.79	\$38,361.79
Total		\$881,600.65	\$881,600.65	\$38,361.79	\$38,361.79

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$9,990.00	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$205.45	Items Not Listed Above	FACILITIES	

	Classroom					
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$14,242.54	Items Not Listed Above	MATERIAL AND SUPPLIES
Line 4	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$13,923.80	Items Not Listed Above	CONTRACTED SERVICES/TEMP AND SUBSTITUTE PAY/ADDITIONAL STAFF HOURS
Total:				\$38,361.79		

Sub Screen: Sub-Recipient 157

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	943417923		Verified
22	Identification Number			
23	Legal Name*	SCHOOL ADMINISTRATIVE DISTRICT 55		
24	Address Line 1*	137 S HIRAM RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HIRAM		
28	State Code*	ME		
29	Zip+4*	04041-3636		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 152

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL NO. 38-830616210		
55	Award Number*	RSU387010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$900,491.74
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	45 Millard Harrison Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Readfield		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04355-3583		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$900,491.74	\$900,491.74	\$7,801.00	\$7,801.00
Total		\$900,491.74	\$900,491.74	\$7,801.00	\$7,801.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$7,801.00	Facilitating Distance Learning		
Total:							\$7,801.00

Sub Screen: Sub-Recipient 158

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	015967362		Verified
22	Identification Number			
23	Legal Name*	SCHOOL ADMIN DISTRICT 65		
24	Address Line 1*	101 MAIN RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MATINICUS		
28	State Code*	ME		
29	Zip+4*	04851		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 153

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT NO. 25-830759960
55	Award Number*	RSU257010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$950,437.17
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	62 Mechanic St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Bucksport
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04416-4094
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$950,437.17	\$950,437.17	\$0.00	\$0.00
Total		\$950,437.17	\$950,437.17	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 159

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	830616210		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL NO. 38		
24	Address Line 1*	45 MILLARD HARRISON DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	READFIELD		
28	State Code*	ME		
29	Zip+4*	04355-3583		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input checked="" type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 160

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	830759960	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT NO. 25	
24	Address Line 1*	62 MECHANIC ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BUCKSPORT	
28	State Code*	ME	
29	Zip+4*	04416-4094	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 154

54	Sub-Recipient Organization (Awardee)*	Winslow, Town Of-100266022			
55	Award Number*	WINSLOW7010CRF21			
56	Award Payment Method*	Reimbursable			
57	Amount of Award *				\$956,622.59
58	Award Date *	08/27/2020			
59	Period of Performance Start Date *	08/27/2020			
60	Period of Performance End Date *	12/30/2020			
61	Primary Place of Performance Address Line 1 *	16 Benton Ave			
62	Primary Place of Performance Address Line 2				
63	Primary Place of Performance Address Line 3				
64	Primary Place of Performance City Name *	Winslow			
65	Primary Place of Performance State Code *	ME			
66	Primary Place of Performance Zip+4 *	04901-6802			
67	Primary Place of Performance Country Name *	United States			
68	Primary Place of Performance Country Code *	USA			
69	Primary Place of Performance Congressional District *				1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.			

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$956,622.59	\$956,622.59	\$0.00	\$0.00
Total		\$956,622.59	\$956,622.59	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 161

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	100266022	
23	Legal Name*	Winslow, Town Of	
24	Address Line 1*	114 Benton Ave	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Winslow	
28	State Code*	ME	
29	Zip+4*	04901-3039	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
<input type="checkbox"/> Tribally Controlled College or University (TCCU)			
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions			
<input type="checkbox"/> Non-domestic (non-U.S.) Entity			
<input type="checkbox"/> Other			

Sub Screen: Grant 155

54	Sub-Recipient Organization (Awardee)*	WELLS OGUNQUIT COMMUNITY SCHOOL DISTRICT-159145309
55	Award Number*	WELLSOGUN7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$988,485.18
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	1460 Post Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Wells
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04090-4508
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$988,485.18	\$988,485.18	\$0.00	\$0.00
Total		\$988,485.18	\$988,485.18	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 162

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	159145309		
23	Legal Name*	WELLS OGUNQUIT COMMUNITY SCHOOL DISTRICT		
24	Address Line 1*	1460 Post Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Wells		
28	State Code*	ME		
29	Zip+4*	04090-4508		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 156

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL ADMINSTRATION DISTRICT 46-031029978		
55	Award Number*	MSAD467010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$989,244.22
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	175 Fern Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Dexter		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04930-2725		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$989,244.22	\$989,244.22	\$180,952.00	\$180,952.00
Total		\$989,244.22	\$989,244.22	\$180,952.00	\$180,952.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$180,952.00	Items Not Listed Above	BUSES/VANS	
Total:						\$180,952.00	

Sub Screen: Grant 157

54	Sub-Recipient Organization (Awardee)*	Town Of Hermon-028370971		
55	Award Number*	HERMON7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$996,302.03
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	333 Billings Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Hermon		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04401-0412		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$996,302.03	\$996,302.03	\$0.00	\$0.00
Total		\$996,302.03	\$996,302.03	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 163

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	031029978	
23	Legal Name*	MAINE SCHOOL ADMINSTRATION DISTRICT 46	
24	Address Line 1*	175 Fern Rd Ste 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Dexter	
28	State Code*	ME	
29	Zip+4*	04930-2726	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
<input type="checkbox"/> Tribally Controlled College or University (TCCU)			
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions			
<input type="checkbox"/> Non-domestic (non-U.S.) Entity			
<input type="checkbox"/> Other			

Sub Screen: Grant 158

54	Sub-Recipient Organization (Awardee)*	Town of Cape Elizabeth-195754569		
55	Award Number*	CAPELIZABETH7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,052,760.36
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	320 Ocean House Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cape Elizabeth		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04107-2419		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,052,760.36	\$1,052,760.36	\$0.00	\$0.00
Total		\$1,052,760.36	\$1,052,760.36	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 164

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	028370971	
23	Legal Name*	Town Of Hermon	
24	Address Line 1*	333 Billings Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Hermon	
28	State Code*	ME	
29	Zip+4*	04401-0412	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input checked="" type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 159

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL UNION 69-100760313		
55	Award Number*	LISBON7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,084,261.10
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	300 Lisbon St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Lisbon		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04250-6813		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,084,261.10	\$1,084,261.10	\$11,349.37	\$11,349.37
Total		\$1,084,261.10	\$1,084,261.10	\$11,349.37	\$11,349.37

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$4,105.40	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/26/2020	09/30/2020	\$3,302.07	Food Programs		

	Classroom					
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$1,201.91	Items Not Listed Above	FACILITIES
Line 4	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$2,627.82	Items Not Listed Above	MATERIALS & SUPPLIES
Line 5	CV0066F21 - DOE Safe Return to Classroom	08/26/2020	09/30/2020	\$112.17	Items Not Listed Above	CONTRACTED SERVICES/TEMP AND SUBSTITUTE PAY/ADDL STAFF HOURS
Total:						\$11,349.37

Sub Screen: Sub-Recipient 165

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	195754569		
23	Legal Name*	Town of Cape Elizabeth		
24	Address Line 1*	320 Ocean House Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Cape Elizabeth		
28	State Code*	ME		
29	Zip+4*	04107-2419		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 160

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 39-100262849		
55	Award Number*	RSU397010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,114,376.30
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	75 Glenn St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Caribou		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04736-1908		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,114,376.30	\$1,114,376.30	\$15,816.73	\$15,816.73
Total		\$1,114,376.30	\$1,114,376.30	\$15,816.73	\$15,816.73

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020 09/30/2020	\$15,816.73	Items Not Listed Above	MATERIAL AND SUPPLIES
Total:					\$15,816.73

Sub Screen: Sub-Recipient 167

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100262849		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 39		
24	Address Line 1*	75 GLENN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CARIBOU		
28	State Code*	ME		
29	Zip+4*	04736-1908		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 168

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	097730683		Verified
22	Identification Number			
23	Legal Name*	SCHOOL ADMINISTRATIVE DISTRICT 3		
24	Address Line 1*	84 SCHOOL ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	UNITY		
28	State Code*	ME		
29	Zip+4*	04988-3911		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 161

54	Sub-Recipient Organization (Awardee)*	SCHOOL ADMINISTRATIVE DISTRICT 3-097730683		
55	Award Number*	MSAD37010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$1,123,443.21		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	84 School St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Unity		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04988-3911		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,123,443.21	\$1,123,443.21	\$0.00	\$0.00
Total		\$1,123,443.21	\$1,123,443.21	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 169

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	604440651		
23	Legal Name*	TOWN OF YORK		
24	Address Line 1*	469 US Route 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	York		
28	State Code*	ME		
29	Zip+4*	03909-1638		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 162

54	Sub-Recipient Organization (Awardee)*	TOWN OF YORK-604440651		
55	Award Number*	YORK7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$1,135,423.78		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	186 York St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	York		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	03909-1314		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,135,423.78	\$1,135,423.78	\$0.00	\$0.00
Total		\$1,135,423.78	\$1,135,423.78	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 170

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	073993503		Verified
22	Identification Number			
23	Legal Name*	YARMOUTH, TOWN OF		
24	Address Line 1*	200 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	YARMOUTH		
28	State Code*	ME		
29	Zip+4*	04096-6713		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 163

54	Sub-Recipient Organization (Awardee)*	YARMOUTH, TOWN OF-073993503		
55	Award Number*	YARMOUTH7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,140,864.78
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	200 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Yarmouth		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04096-6713		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,140,864.78	\$1,140,864.78	\$0.00	\$0.00
Total		\$1,140,864.78	\$1,140,864.78	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 171

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	832229970	
23	Legal Name*	Regional School Unit No 4	
24	Address Line 1*	971 Gardiner Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Wales	
28	State Code*	ME	
29	Zip+4*	04280-3261	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 164

54	Sub-Recipient Organization (Awardee)*	Regional School Unit No 4-832229970		
55	Award Number*	RSU47010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$1,187,580.12		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	971 Gardiner Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Wales		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04280-3261		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,187,580.12	\$1,187,580.12	\$0.00	\$0.00
Total		\$1,187,580.12	\$1,187,580.12	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 172

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	968474978	
23	Legal Name*	Regional School Unit 36	
24	Address Line 1*	9 Cedar St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Livermore Falls	
28	State Code*	ME	
29	Zip+4*	04254-1336	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 165

54	Sub-Recipient Organization (Awardee)*	Regional School Unit 36-968474978		
55	Award Number*	RSU737010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,189,313.96
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	9 Cedar St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Livermore Falls		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04254-1336		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,189,313.96	\$1,189,313.96	\$17,406.32	\$17,406.32
Total		\$1,189,313.96	\$1,189,313.96	\$17,406.32	\$17,406.32

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020 09/30/2020	\$17,406.32	Items Not Listed Above	MATERIAL AND SUPPLIES
Total:					\$17,406.32

Sub Screen: Grant 166

54	Sub-Recipient Organization (Awardee)*	RSU 29/MSAD 29-049024979		
55	Award Number*	MSAD297010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$1,196,381.17		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 190		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Houlton		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04730-0190		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,196,381.17	\$1,196,381.17	\$129,370.29	\$129,370.29
Total		\$1,196,381.17	\$1,196,381.17	\$129,370.29	\$129,370.29

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$558.00	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$2,800.00	Items Not Listed Above	FACILITIES	

	Classroom						
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$126,012.29	Items Not Listed Above	MATERIAL AND SUPPLIES	
Total:							\$129,370.29

Sub Screen: Sub-Recipient 173

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	049024979	Verified
22	Identification Number		
23	Legal Name*	RSU 29/MSAD 29	
24	Address Line 1*	7 BIRD ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HOULTON	
28	State Code*	ME	
29	Zip+4*	04730-2402	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 167

54	Sub-Recipient Organization (Awardee)*	Ellsworth Public Schools-077022651
55	Award Number*	ELLSWORTH7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$1,257,508.53
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	66 Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Ellsworth
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04605-1970
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,257,508.53	\$1,257,508.53	\$0.00	\$0.00
Total		\$1,257,508.53	\$1,257,508.53	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 174

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	077022651		
23	Legal Name*	Ellsworth Public Schools		
24	Address Line 1*	66 Main St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Ellsworth		
28	State Code*	ME		
29	Zip+4*	04605-1970		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 175

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	830636127		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 34		
24	Address Line 1*	156 OAK ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	OLD TOWN		
28	State Code*	ME		
29	Zip+4*	04468-1681		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 168

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 34-830636127		
55	Award Number*	RSU347010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,304,944.03
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	156 Oak St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Old Town		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04468-1681		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,304,944.03	\$1,304,944.03	\$74,841.53	\$74,841.53
Total		\$1,304,944.03	\$1,304,944.03	\$74,841.53	\$74,841.53

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$4,821.00	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$7,835.00	Food Programs		

	Classroom					
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$4,032.96	Items Not Listed Above	FACILITIES
Line 4	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/29/2020	\$58,152.57	Items Not Listed Above	MATERIALS & SUPPLIES
Total:				\$74,841.53		

Sub Screen: Grant 169

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT #71-079756303		
55	Award Number*	RSU717010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$1,332,661.62		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	PO BOX 325		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Belfast		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04915-0325		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,332,661.62	\$1,332,661.62	\$0.00	\$0.00
Total		\$1,332,661.62	\$1,332,661.62	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 176

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	079756303		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT #71		
24	Address Line 1*	6A LIONS WAY		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BELFAST		
28	State Code*	ME		
29	Zip+4*	04915		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 170

54	Sub-Recipient Organization (Awardee)*	BREWER SCHOOL DEPARTMENT-100028752		
55	Award Number*	BREWER7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$1,342,644.64		
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	80 North Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Brewer		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04412-1249		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,342,644.64	\$1,342,644.64	\$0.00	\$0.00
Total		\$1,342,644.64	\$1,342,644.64	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 177

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	100028752	Verified
22	Identification Number		
23	Legal Name*	BREWER SCHOOL DEPARTMENT	
24	Address Line 1*	261 CENTER ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BREWER	
28	State Code*	ME	
29	Zip+4*	04412-1900	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Grant 171

54	Sub-Recipient Organization (Awardee)*	Regional School Unit 13-003024999		
55	Award Number*	RSU137010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$1,405,715.78		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	28 Lincoln St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Rockland		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04841-2940		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,405,715.78	\$1,405,715.78	\$0.00	\$0.00
Total		\$1,405,715.78	\$1,405,715.78	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 178

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	003024999		
23	Legal Name*	Regional School Unit 13		
24	Address Line 1*	28 Lincoln St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Rockland		
28	State Code*	ME		
29	Zip+4*	04841-2940		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 179

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	867703605		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 16		
24	Address Line 1*	3 AGGREGATE ROAD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	POLAND		
28	State Code*	ME		
29	Zip+4*	04274-6751		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 172

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 16-867703605
55	Award Number*	RSU167010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$1,413,199.37
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	3 Aggregate Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Poland
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04274-6751
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,413,199.37	\$1,413,199.37	\$0.00	\$0.00
Total		\$1,413,199.37	\$1,413,199.37	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 173

54	Sub-Recipient Organization (Awardee)*	FALMOUTH, TOWN OF-019224260
55	Award Number*	FALMOUTH7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$1,426,726.76
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	271 Falmouth Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Falmouth
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04105-2005
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,426,726.76	\$1,426,726.76	\$0.00	\$0.00
Total		\$1,426,726.76	\$1,426,726.76	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 180

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	019224260		Verified
22	Identification Number			
23	Legal Name*	FALMOUTH, TOWN OF		
24	Address Line 1*	51 WOODVILLE RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	FALMOUTH		
28	State Code*	ME		
29	Zip+4*	04105-2638		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 181

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	083185215		Verified
22	Identification Number			
23	Legal Name*	SACO, CITY OF		
24	Address Line 1*	300 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SACO		
28	State Code*	ME		
29	Zip+4*	04072-1515		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Grant 174

54	Sub-Recipient Organization (Awardee)*	SACO, CITY OF-083185215		
55	Award Number*	SACO7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$1,434,882.09		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	300 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Saco		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04072-1515		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,434,882.09	\$1,434,882.09	\$0.00	\$0.00
Total		\$1,434,882.09	\$1,434,882.09	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 182

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	086875309	
23	Legal Name*	Regional School Unit 51	
24	Address Line 1*	357 Tuttle Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Cumberland Center	
28	State Code*	ME	
29	Zip+4*	04021-3625	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 175

54	Sub-Recipient Organization (Awardee)*	Regional School Unit 51-086875309		
55	Award Number*	MSAD517010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$1,448,743.66		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	357 Tuttle Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Cumberland Center		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04021-3625		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,448,743.66	\$1,448,743.66	\$0.00	\$0.00
Total		\$1,448,743.66	\$1,448,743.66	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 183

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	030522916		Verified
22	Identification Number			
23	Legal Name*	SCHOOL ADMINISTRATIVE DISTRICT #15		
24	Address Line 1*	14 SHAKER RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GRAY		
28	State Code*	ME		
29	Zip+4*	04039-9701		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 176

54	Sub-Recipient Organization (Awardee)*	SCHOOL ADMINISTRATIVE DISTRICT #15-030522916		
55	Award Number*	MSAD157010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,485,754.39
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	14 Shaker Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Gray		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04039-9701		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,485,754.39	\$1,485,754.39	\$74,291.37	\$74,291.37
Total		\$1,485,754.39	\$1,485,754.39	\$74,291.37	\$74,291.37

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$74,291.37	Items Not Listed Above	CONTRACTED SERVICES/TEMP AND SUBSTITUTE PAY/ADDL STAFF HOURS	

Total:

\$74,291.37

Sub Screen: Sub-Recipient 184

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	832319813		
23	Legal Name*	Rsu No. 5		
24	Address Line 1*	17 West St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Freeport		
28	State Code*	ME		
29	Zip+4*	04032-1121		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 177

54	Sub-Recipient Organization (Awardee)*	Rsu No. 5-832319813
55	Award Number*	RSU057010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$1,489,318.66
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	17 West St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Freeport
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04032-1121
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,489,318.66	\$1,489,318.66	\$0.00	\$0.00
Total		\$1,489,318.66	\$1,489,318.66	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 185

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	046499240	
23	Legal Name*	Maine School Administrative District 1	
24	Address Line 1*	79 Blake St Ste 1	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Presque Isle	
28	State Code*	ME	
29	Zip+4*	04769-2474	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 178

54	Sub-Recipient Organization (Awardee)*	Maine School Administrative District 1-046499240		
55	Award Number*	MSAD017010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$1,532,638.53		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	79 Blake St Ste 1		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Presque Isle		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04769-2474		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,532,638.53	\$1,532,638.53	\$85,045.33	\$85,045.33
Total		\$1,532,638.53	\$1,532,638.53	\$85,045.33	\$85,045.33

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$11,355.37	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$19,640.21	Items Not Listed Above	Facilities	

	Classroom					
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$49,863.84	Items Not Listed Above	Material and Supplies
Line 4	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$4,185.91	Items Not Listed Above	Contracted Services/ Temp and substitute pay
Total:						\$85,045.33

Sub Screen: Grant 179

54	Sub-Recipient Organization (Awardee)*	Regional School Unit 2-833017291		
55	Award Number*	RSU027010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,550,555.08
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	10/30/2020		
61	Primary Place of Performance Address Line 1 *	7 Reed St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Hallowell		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04347-3047		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,550,555.08	\$1,550,555.08	\$0.00	\$0.00
Total		\$1,550,555.08	\$1,550,555.08	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 186

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	833017291		
23	Legal Name*	Regional School Unit 2		
24	Address Line 1*	7 Reed St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Hallowell		
28	State Code*	ME		
29	Zip+4*	04347-3047		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 180

54	Sub-Recipient Organization (Awardee)*	Regional School Unit 35/ Maine School Administrative District 35-183994235		
55	Award Number*	MSAD357010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,565,346.89
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	180 Depot Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Eliot		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	03903-1278		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,565,346.89	\$1,565,346.89	\$0.00	\$0.00
Total		\$1,565,346.89	\$1,565,346.89	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 187

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	183994235		
23	Legal Name*	Regional School Unit 35/ Maine School Administrative District 35		
24	Address Line 1*	180 Depot Rd Unit Me		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Eliot		
28	State Code*	ME		
29	Zip+4*	03903-1278		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 181

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 63-943095190		
55	Award Number*	MSAD617010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,568,972.17
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	900 Portland Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Bridgton		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04009-4238		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,568,972.17	\$1,568,972.17	\$0.00	\$0.00
Total		\$1,568,972.17	\$1,568,972.17	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 188

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	943095190		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 63		
24	Address Line 1*	202 KIDDER HILL RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	HOLDEN		
28	State Code*	ME		
29	Zip+4*	04429-6222		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 189

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	949543359	
23	Legal Name*	Maine School Administrative District 52	
24	Address Line 1*	486 Turner Ctr Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Turner	
28	State Code*	ME	
29	Zip+4*	04282-3954	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 182

54	Sub-Recipient Organization (Awardee)*	Maine School Administrative District 52-949543359
55	Award Number*	MSAD527010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$1,606,686.55
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	486 Turner Ctr Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Turner
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04282-3954
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,606,686.55	\$1,606,686.55	\$0.00	\$0.00
Total		\$1,606,686.55	\$1,606,686.55	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 190

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	077469328		
23	Legal Name*	Regional School Unit 40/Maine School Administrative District 40		
24	Address Line 1*	1070 Heald Hwy		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Union		
28	State Code*	ME		
29	Zip+4*	04862-3647		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 183

54	Sub-Recipient Organization (Awardee)*	Regional School Unit 40/Maine School Administrative District 40-077469328		
55	Award Number*	MSAD407010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,615,465.22
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	1070 Heald Hwy		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Union		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04862-3647		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,615,465.22	\$1,615,465.22	\$0.00	\$0.00
Total		\$1,615,465.22	\$1,615,465.22	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 191

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	785837451		
23	Legal Name*	Regional School Unit 19		
24	Address Line 1*	182 Moosehead Trl		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Newport		
28	State Code*	ME		
29	Zip+4*	04953-4021		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 184

54	Sub-Recipient Organization (Awardee)*	Regional School Unit 19-785837451		
55	Award Number*	RSU197010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$1,618,390.22		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	182 Moosehead Trl		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Newport		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04953-4021		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,618,390.22	\$1,618,390.22	\$0.00	\$0.00
Total		\$1,618,390.22	\$1,618,390.22	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 192

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	037715208		Verified
22	Identification Number			
23	Legal Name*	SCHOOL ADMIN DISTRICT 11		
24	Address Line 1*	150 HIGHLAND AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	GARDINER		
28	State Code*	ME		
29	Zip+4*	04345-1812		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 185

54	Sub-Recipient Organization (Awardee)*	SCHOOL ADMIN DISTRICT 11-037715208			
55	Award Number*	MSAD117010CRF21			
56	Award Payment Method*	Reimbursable			
57	Amount of Award *				\$1,623,236.10
58	Award Date *	09/21/2020			
59	Period of Performance Start Date *	09/21/2020			
60	Period of Performance End Date *	12/30/2020			
61	Primary Place of Performance Address Line 1 *	150 Highland Ave			
62	Primary Place of Performance Address Line 2				
63	Primary Place of Performance Address Line 3				
64	Primary Place of Performance City Name *	Gardiner			
65	Primary Place of Performance State Code *	ME			
66	Primary Place of Performance Zip+4 *	04345-1812			
67	Primary Place of Performance Country Name *	United States			
68	Primary Place of Performance Country Code *	USA			
69	Primary Place of Performance Congressional District *				2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.			

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,623,236.10	\$1,623,236.10	\$0.00	\$0.00
Total		\$1,623,236.10	\$1,623,236.10	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 186

54	Sub-Recipient Organization (Awardee)*	Regional School Unit 01-824758119		
55	Award Number*	RSU017010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$1,638,580.27		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	34 Wing Farm Pkwy Ste 101		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Bath		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04530-1552		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,638,580.27	\$1,638,580.27	\$0.00	\$0.00
Total		\$1,638,580.27	\$1,638,580.27	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 193

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	824758119		
23	Legal Name*	Regional School Unit 01		
24	Address Line 1*	34 Wing Farm Pkwy Ste 101		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Bath		
28	State Code*	ME		
29	Zip+4*	04530-1552		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 195

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	077464956		Verified
22	Identification Number			
23	Legal Name*	REGIONAL SCHOOL UNIT 21		
24	Address Line 1*	177 ALEWIVE RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	KENNEBUNK		
28	State Code*	ME		
29	Zip+4*	04043-6101		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 187

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 10-829736185		
55	Award Number*	RSU107010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,647,898.36
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	799 Hancock St # 1		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Rumford		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04276-1547		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,647,898.36	\$1,647,898.36	\$523,052.79	\$523,052.79
Total		\$1,647,898.36	\$1,647,898.36	\$523,052.79	\$523,052.79

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$307,904.10	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$153,922.39	Items Not Listed Above	Facilities	

	Classroom					
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$55,296.80	Items Not Listed Above	Material and Supplies
Line 4	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$5,929.50	Items Not Listed Above	Contracted Services/ Temp and substitute pay
Total:						\$523,052.79

Sub Screen: Grant 188

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 21-077464956		
55	Award Number*	RSU217010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,811,678.44
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	177 Alewife Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Kennebunk		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04043-6101		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,811,678.44	\$1,811,678.44	\$0.00	\$0.00
Total		\$1,811,678.44	\$1,811,678.44	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 196

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	097729677	Verified
22	Identification Number		
23	Legal Name*	SCHOOL ADMINISTRATIVE DISTRICT NO 49	
24	Address Line 1*	8 SCHOOL ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FAIRFIELD	
28	State Code*	ME	
29	Zip+4*	04937-1325	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 189

54	Sub-Recipient Organization (Awardee)*	SCHOOL ADMINISTRATIVE DISTRICT NO 49-097729677		
55	Award Number*	MSAD497010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$1,822,528.50		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	8 School St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Fairfield		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04937-1325		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	2		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,822,528.50	\$1,822,528.50	\$54,369.29	\$54,369.29
Total		\$1,822,528.50	\$1,822,528.50	\$54,369.29	\$54,369.29

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$7,012.26	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$38,742.70	Items Not Listed Above	Material and Supplies	

	Classroom						
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$8,614.33	Items Not Listed Above	Contracted Services/ Temp and Substitute Pay	
Total:				\$54,369.29			

Sub Screen: Sub-Recipient 197

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	051783587		Verified
22	Identification Number			
23	Legal Name*	WATERVILLE PUBLIC SCHOOLS		
24	Address Line 1*	25 MESSALONSKEE AVE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WATERVILLE		
28	State Code*	ME		
29	Zip+4*	04901-5206		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 190

54	Sub-Recipient Organization (Awardee)*	WATERVILLE PUBLIC SCHOOLS-051783587		
55	Award Number*	WATERVILLE7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,831,963.57
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	25 Messalonskee Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterville		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04901-5206		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,831,963.57	\$1,831,963.57	\$0.00	\$0.00
Total		\$1,831,963.57	\$1,831,963.57	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 198

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	026562124	Verified
22	Identification Number		
23	Legal Name*	REGIONAL SCHOOL UNIT 22	
24	Address Line 1*	24 MAIN RD N	
25	Address Line 2		
26	Address Line 3		
27	City Name*	HAMPDEN	
28	State Code*	ME	
29	Zip+4*	04444-1306	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 199

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	100262757	
23	Legal Name*	Brunswick School Department	
24	Address Line 1*	116 Maquoit Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Brunswick	
28	State Code*	ME	
29	Zip+4*	04011-7452	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 191

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 22-026562124
55	Award Number*	RSU227010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$1,863,645.61
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	24 Main Rd N
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Hampden
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04444-1306
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,863,645.61	\$1,863,645.61	\$0.00	\$0.00
Total		\$1,863,645.61	\$1,863,645.61	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 192

54	Sub-Recipient Organization (Awardee)*	Brunswick School Department-100262757		
55	Award Number*	BRUNSWICK7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,879,397.38
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	85 Union St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Brunswick		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04011-2418		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,879,397.38	\$1,879,397.38	\$0.00	\$0.00
Total		\$1,879,397.38	\$1,879,397.38	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 200

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	114407872		
23	Legal Name*	Maine School Administrative District No 75		
24	Address Line 1*	50 Republic Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Topsham		
28	State Code*	ME		
29	Zip+4*	04086-1136		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 201

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	171715563		
23	Legal Name*	Gorham School District		
24	Address Line 1*	75 South St Ste 2		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Gorham		
28	State Code*	ME		
29	Zip+4*	04038-1737		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 193

54	Sub-Recipient Organization (Awardee)*	Maine School Administrative District No 75-114407872		
55	Award Number*	MSAD757010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,959,406.84
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	50 Republic Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Topsham		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04086-1136		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,959,406.84	\$1,959,406.84	\$33,907.08	\$33,907.08
Total		\$1,959,406.84	\$1,959,406.84	\$33,907.08	\$33,907.08

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$4,505.80	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$23,381.28	Items Not Listed Above	Material and Supplies	

	Classroom							
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$6,020.00	Items Not Listed Above	Contracted Services/ Temp and Substitute Pay		
Total:								\$33,907.08

Sub Screen: Grant 194

54	Sub-Recipient Organization (Awardee)*	Gorham School District-171715563		
55	Award Number*	GORHAM7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$2,011,877.80
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	75 South St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Gorham		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04038-1737		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$2,011,877.80	\$2,011,877.80	\$0.00	\$0.00
Total		\$2,011,877.80	\$2,011,877.80	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 202

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	086885340		Verified
22	Identification Number			
23	Legal Name*	SCARBOROUGH, TOWN OF		
24	Address Line 1*	259 US ROUTE 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SCARBOROUGH		
28	State Code*	ME		
29	Zip+4*	04074		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 195

54	Sub-Recipient Organization (Awardee)*	SCARBOROUGH, TOWN OF-086885340		
55	Award Number*	SCARBORGH7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$2,120,670.00
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	259 US Route 1		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Scarborough		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04074-9525		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$2,120,670.00	\$2,120,670.00	\$0.00	\$0.00
Total		\$2,120,670.00	\$2,120,670.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 203

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	060992898	
23	Legal Name*	Regional School Unit No 18	
24	Address Line 1*	41 Heath St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Oakland	
28	State Code*	ME	
29	Zip+4*	04963-4901	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
<input type="checkbox"/> Tribally Controlled College or University (TCCU)			
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions			
<input type="checkbox"/> Non-domestic (non-U.S.) Entity			
<input type="checkbox"/> Other			

Sub Screen: Grant 196

54	Sub-Recipient Organization (Awardee)*	Regional School Unit No 18-060992898		
55	Award Number*	RSU187010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$2,132,806.87
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	41 Heath St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Oakland		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04963-4901		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$2,132,806.87	\$2,132,806.87	\$199,696.42	\$199,696.42
Total		\$2,132,806.87	\$2,132,806.87	\$199,696.42	\$199,696.42

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$101,821.15	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$34,528.00	Food Programs		

	Classroom					
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$6,793.41	Items Not Listed Above	Facilities
Line 4	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$15,012.98	Items Not Listed Above	Material and Supplies
Line 5	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$41,540.88	Items Not Listed Above	Contracted Services/ temp and substitute pay
Total:						\$199,696.42

Sub Screen: Sub-Recipient 204

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	071740468		Verified
22	Identification Number			
23	Legal Name*	AUGUSTA, CITY OF		
24	Address Line 1*	16 CONY ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	AUGUSTA		
28	State Code*	ME		
29	Zip+4*	04330-5200		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 197

54	Sub-Recipient Organization (Awardee)*	AUGUSTA, CITY OF-071740468		
55	Award Number*	AUGUSTA7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$2,215,518.69
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/28/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	40 Pierce Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Augusta		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04330-0526		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$2,215,518.69	\$2,215,518.69	\$0.00	\$0.00
Total		\$2,215,518.69	\$2,215,518.69	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 205

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	086577850	Verified
22	Identification Number		
23	Legal Name*	MT BLUE REGIONAL SCHOOL DISTRICT	
24	Address Line 1*	129 SEAMON RD # 2	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FARMINGTON	
28	State Code*	ME	
29	Zip+4*	04938-6336	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 198

54	Sub-Recipient Organization (Awardee)*	MT BLUE REGIONAL SCHOOL DISTRICT-086577850		
55	Award Number*	RSU097010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$2,236,259.19
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	129 Seamon Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Farmington		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04938-6336		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$2,236,259.19	\$2,236,259.19	\$0.00	\$0.00
Total		\$2,236,259.19	\$2,236,259.19	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 206

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	162017933		
23	Legal Name*	Regional School Union 54		
24	Address Line 1*	196 W Front St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Skowhegan		
28	State Code*	ME		
29	Zip+4*	04976-5108		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 207

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	193420002	Verified
22	Identification Number		
23	Legal Name*	MSAD 61	
24	Address Line 1*	900 PORTLAND RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BRIDGTON	
28	State Code*	ME	
29	Zip+4*	04009-4238	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 199

54	Sub-Recipient Organization (Awardee)*	Regional School Union 54-162017933		
55	Award Number*	MSAD547010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$2,328,155.22
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	196 W Front St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Skowhegan		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04976-5108		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$2,328,155.22	\$2,328,155.22	\$185,213.18	\$185,213.18
Total		\$2,328,155.22	\$2,328,155.22	\$185,213.18	\$185,213.18

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$2,624.93	Items Not Listed Above	Material and Supplies	
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$182,588.25	Items Not Listed Above	Contracted services/ temp and substitute pay	

	Classroom						
Total:							\$185,213.18

Sub Screen: Grant 200

54	Sub-Recipient Organization (Awardee)*	MSAD 61-193420002		
55	Award Number*	MSAD607010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$2,354,310.90		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	900 Portland Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Bridgton		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04009-4238		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$2,354,310.90	\$2,354,310.90	\$0.00	\$0.00
Total		\$2,354,310.90	\$2,354,310.90	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 208

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	126268981		Verified
22	Identification Number			
23	Legal Name*	BIDDEFORD, CITY OF		
24	Address Line 1*	205 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BIDDEFORD		
28	State Code*	ME		
29	Zip+4*	04005-2414		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 201

54	Sub-Recipient Organization (Awardee)*	BIDDEFORD, CITY OF-126268981		
55	Award Number*	BIDDEFORD7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$2,380,249.25
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	18 Maplewood Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Biddeford		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04005-2110		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$2,380,249.25	\$2,380,249.25	\$0.00	\$0.00
Total		\$2,380,249.25	\$2,380,249.25	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 209

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	051616050	
23	Legal Name*	Regional School Unit 58/Maine School Administrative District 58	
24	Address Line 1*	1401 Rangeley Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Phillips	
28	State Code*	ME	
29	Zip+4*	04966-4606	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 210

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	037710373	Verified
22	Identification Number		
23	Legal Name*	SOUTH PORTLAND, CITY OF	
24	Address Line 1*	25 COTTAGE RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SOUTH PORTLAND	
28	State Code*	ME	
29	Zip+4*	04106-3604	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 202

54	Sub-Recipient Organization (Awardee)*	Regional School Unit 58/Maine School Administrative District 58-051616050		
55	Award Number*	MSAD577010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$2,393,663.47
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	86 West Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterboro		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04087-3209		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$2,393,663.47	\$2,393,663.47	\$0.00	\$0.00
Total		\$2,393,663.47	\$2,393,663.47	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 203

54	Sub-Recipient Organization (Awardee)*	SOUTH PORTLAND, CITY OF-037710373		
55	Award Number*	STHPORTLAND7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$2,425,384.99
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	130 Wescott Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	South Portland		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04106-3420		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$2,425,384.99	\$2,425,384.99	\$0.00	\$0.00
Total		\$2,425,384.99	\$2,425,384.99	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 211

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	159147016	Verified
22	Identification Number		
23	Legal Name*	RSU 14 WINDHAM RAYMOND SCHOOL DISTRICT	
24	Address Line 1*	228 WINDHAM CENTER RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	WINDHAM	
28	State Code*	ME	
29	Zip+4*	04062-4862	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input checked="" type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 212

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	073995102		Verified
22	Identification Number			
23	Legal Name*	WESTBROOK, CITY OF		
24	Address Line 1*	2 YORK ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WESTBROOK		
28	State Code*	ME		
29	Zip+4*	04092-4750		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*	<input type="checkbox"/> State Government <input type="checkbox"/> County Government <input checked="" type="checkbox"/> City or Township Government <input checked="" type="checkbox"/> Special District Government <input type="checkbox"/> Independent School District <input type="checkbox"/> Public/State Controlled Institution of Higher Education <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> Indian/Native American Tribal Designated Organization <input type="checkbox"/> Public/Indian Housing Authority <input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education) <input type="checkbox"/> Private Institution of Higher Education <input type="checkbox"/> For-Profit Organization (Other than Small Business) <input type="checkbox"/> Small Business <input type="checkbox"/> Hispanic-serving Institution <input type="checkbox"/> Historically Black College or University (HBCU) <input type="checkbox"/> Tribally Controlled College or University (TCCU) <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> Non-domestic (non-U.S.) Entity <input type="checkbox"/> Other		

Sub Screen: Grant 204

54	Sub-Recipient Organization (Awardee)*	RSU 14 WINDHAM RAYMOND SCHOOL DISTRICT-159147016
55	Award Number*	RSU147010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$2,427,902.54
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	228 Windham Center Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Windham
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04062-4862
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$2,427,902.54	\$2,427,902.54	\$0.00	\$0.00
Total		\$2,427,902.54	\$2,427,902.54	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 205

54	Sub-Recipient Organization (Awardee)*	WESTBROOK, CITY OF-073995102
55	Award Number*	WESTBROOK7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$2,475,178.73
58	Award Date *	08/27/2020
59	Period of Performance Start Date *	08/27/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	117 Stroudwater St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Westbrook
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04092-4045
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$2,475,178.73	\$2,475,178.73	\$0.00	\$0.00
Total		\$2,475,178.73	\$2,475,178.73	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 213

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	183318666		Verified
22	Identification Number			
23	Legal Name*	MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 6		
24	Address Line 1*	94 MAIN STREET		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BUXTON		
28	State Code*	ME		
29	Zip+4*	04093-6105		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input checked="" type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 214

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	100028620		Verified
22	Identification Number			
23	Legal Name*	AUBURN SCHOOL DEPARTMENT		
24	Address Line 1*	60 COURT ST 4TH FL		
25	Address Line 2			
26	Address Line 3			
27	City Name*	AUBURN		
28	State Code*	ME		
29	Zip+4*	04210-5983		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 206

54	Sub-Recipient Organization (Awardee)*	MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 6-183318666		
55	Award Number*	MSAD067010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$2,770,645.63		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	94 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Buxton		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04093-6105		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$2,770,645.63	\$2,770,645.63	\$0.00	\$0.00
Total		\$2,770,645.63	\$2,770,645.63	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 215

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	859684508		
23	Legal Name*	Maine Vocational Region 11		
24	Address Line 1*	256 Main St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	South Paris		
28	State Code*	ME		
29	Zip+4*	04281-1629		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Grant 207

54	Sub-Recipient Organization (Awardee)*	AUBURN SCHOOL DEPARTMENT-100028620		
55	Award Number*	AUBURN7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$2,940,288.51
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	60 Court St Fl 4		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Auburn		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04210-5983		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$2,940,288.51	\$2,940,288.51	\$0.00	\$0.00
Total		\$2,940,288.51	\$2,940,288.51	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 216

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	071739692		Verified
22	Identification Number			
23	Legal Name*	BANGOR, CITY OF		
24	Address Line 1*	73 HARLOW ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BANGOR		
28	State Code*	ME		
29	Zip+4*	04401-5118		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Grant 208

54	Sub-Recipient Organization (Awardee)*	Maine Vocational Region 11-859684508		
55	Award Number*	MSAD177010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$2,948,871.27
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	232 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	South Paris		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04281-1629		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$2,948,871.27	\$2,948,871.27	\$149,046.69	\$149,046.69
Total		\$2,948,871.27	\$2,948,871.27	\$149,046.69	\$149,046.69

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes					
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$6,598.39	Facilitating Distance Learning		
Line 2	CV0066F21 - DOE Safe Return to	08/27/2020	09/30/2020	\$3,918.00	Food Programs		

	Classroom						
Line 3	CV0066F21 - DOE Safe Return to Classroom	08/27/2020	09/30/2020	\$138,530.30	Items Not Listed Above	Material and Supplies	
Total:							\$149,046.69

Sub Screen: Sub-Recipient 217

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	832327402		Verified
22	Identification Number			
23	Legal Name*	SANFORD SCHOOL DEPARTMENT		
24	Address Line 1*	917 MAIN STREET STE 200		
25	Address Line 2			
26	Address Line 3			
27	City Name*	SANFORD		
28	State Code*	ME		
29	Zip+4*	04073-3568		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 209

54	Sub-Recipient Organization (Awardee)*	BANGOR, CITY OF-071739692		
55	Award Number*	BANGOR7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$3,080,457.00
58	Award Date *	08/26/2020		
59	Period of Performance Start Date *	08/26/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	73 Harlow St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Bangor		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04401-5118		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$3,080,457.00	\$3,080,457.00	\$0.00	\$0.00
Total		\$3,080,457.00	\$3,080,457.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 210

54	Sub-Recipient Organization (Awardee)*	SANFORD SCHOOL DEPARTMENT-832327402		
55	Award Number*	SANFORD7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *	\$3,182,636.53		
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	917 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sanford		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04073-3568		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$3,182,636.53	\$3,182,636.53	\$0.00	\$0.00
Total		\$3,182,636.53	\$3,182,636.53	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 218

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	198854978		
23	Legal Name*	Lewiston Public Schools		
24	Address Line 1*	36 Oak St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lewiston		
28	State Code*	ME		
29	Zip+4*	04240-7149		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input checked="" type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 219

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	071747802	Verified
22	Identification Number		
23	Legal Name*	PORTLAND, CITY OF	
24	Address Line 1*	389 CONGRESS ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	PORTLAND	
28	State Code*	ME	
29	Zip+4*	04101-3566	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 211

54	Sub-Recipient Organization (Awardee)*	Lewiston Public Schools-198854978
55	Award Number*	LEWISTON7010CRF21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$5,547,136.22
58	Award Date *	08/26/2020
59	Period of Performance Start Date *	08/26/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	27 Pine St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Lewiston
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04240-7204
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$5,547,136.22	\$5,547,136.22	\$0.00	\$0.00
Total		\$5,547,136.22	\$5,547,136.22	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 212

54	Sub-Recipient Organization (Awardee)*	PORTLAND, CITY OF-071747802		
55	Award Number*	PORTLAND7010CRF21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$6,238,716.46
58	Award Date *	08/27/2020		
59	Period of Performance Start Date *	08/27/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	353 Cumberland Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Portland		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04101-2957		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$6,238,716.46	\$6,238,716.46	\$0.00	\$0.00
Total		\$6,238,716.46	\$6,238,716.46	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 225

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	105224849		Verified
22	Identification Number			
23	Legal Name*	GETWELLNETWORK, INC.		
24	Address Line 1*	7700 OLD GEORGETOWN RD 4TH FL		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BETHESDA		
28	State Code*	MD		
29	Zip+4*	20814-6224		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	8		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 227

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VC1000073		
23	Legal Name*	Presidio Network		
24	Address Line 1*	5337 Millenia Lakes Blvd Ste 300		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Orlando		
28	State Code*	FL		
29	Zip+4*	32839-6302		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	10		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 213

54	Sub-Recipient Organization (Awardee)*	Maine School Administrative District No 75-114407872
55	Award Number*	MSAD757011AE21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$54,754.30
58	Award Date *	09/25/2020
59	Period of Performance Start Date *	09/25/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	50 Republic Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Topsham
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04086-1136
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$54,754.30	\$54,754.30	\$0.00	\$0.00
Total		\$54,754.30	\$54,754.30	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 228

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	611429481	Verified
22	Identification Number		
23	Legal Name*	SHI INTERNATIONAL CORP.	
24	Address Line 1*	290 DAVIDSON AVE STE 101	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SOMERSET	
28	State Code*	NJ	
29	Zip+4*	08873-4179	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	12	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Grant 214

54	Sub-Recipient Organization (Awardee)*	Lewiston Public Schools-198854978
55	Award Number*	LEWISTON7011AE21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$82,338.07
58	Award Date *	09/25/2020
59	Period of Performance Start Date *	09/25/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	27 Pine St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Lewiston
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04240-7204
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$82,338.07	\$82,338.07	\$0.00	\$0.00
Total		\$82,338.07	\$82,338.07	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 229

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	111734496	
23	Legal Name*	Stratosphere Technical Consulting, LLC	
24	Address Line 1*	24 Eastern Ridge Rd	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Eliot	
28	State Code*	ME	
29	Zip+4*	03903-1169	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 215

54	Sub-Recipient Organization (Awardee)*	PORTLAND, CITY OF-071747802		
55	Award Number*	PORTLAND7011AE21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$208,996.13
58	Award Date *	09/25/2020		
59	Period of Performance Start Date *	09/25/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	353 Cumberland Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Portland		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04101-2957		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$208,996.13	\$208,996.13	\$0.00	\$0.00
Total		\$208,996.13	\$208,996.13	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 216

54	Sub-Recipient Organization (Awardee)*	Regional School Unit 40/Maine School Administrative District 40-077469328		
55	Award Number*	MSAD407020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$51,800.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	1070 Heald Hwy		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Union		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04862-3647		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$51,800.00	\$51,800.00	\$0.00	\$0.00
Total		\$51,800.00	\$51,800.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 230

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	804432805		Verified
22	Identification Number			
23	Legal Name*	CATHOLIC CHARITIES MAINE		
24	Address Line 1*	307 CONGRESS ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	PORTLAND		
28	State Code*	ME		
29	Zip+4*	04101-3638		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 217

54	Sub-Recipient Organization (Awardee)*	Town of Cape Elizabeth-195754569
55	Award Number*	CAPELIZABTH7020MDP21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$57,382.68
58	Award Date *	09/14/2020
59	Period of Performance Start Date *	09/14/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	320 Ocean House Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cape Elizabeth
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04107-2419
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$57,382.68	\$57,382.68	\$0.00	\$0.00
Total		\$57,382.68	\$57,382.68	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 231

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	086887056	Verified
22	Identification Number		
23	Legal Name*	COMMUNITY CONCEPTS, INCORPORATED	
24	Address Line 1*	17-19 MARKET SQ	
25	Address Line 2		
26	Address Line 3		
27	City Name*	SOUTH PARIS	
28	State Code*	ME	
29	Zip+4*	04281-1533	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Grant 218

54	Sub-Recipient Organization (Awardee)*	SCARBOROUGH, TOWN OF-086885340		
55	Award Number*	SCARBOROUGH7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$59,160.00
58	Award Date *	09/17/2020		
59	Period of Performance Start Date *	09/17/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	259 US Route 1		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Scarborough		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04074-9525		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$59,160.00	\$59,160.00	\$0.00	\$0.00
Total		\$59,160.00	\$59,160.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 232

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	77464014	
23	Legal Name*	MIDCOAST MAINE COMMUNITY ACTION	
24	Address Line 1*	34 Wing Farm Pkwy	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bath	
28	State Code*	ME	
29	Zip+4*	04530-1515	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 219

54	Sub-Recipient Organization (Awardee)*	SCHOOL ADMINISTRATIVE DISTRICT #15-030522916			
55	Award Number*	MSAD157020MDP21			
56	Award Payment Method*	Reimbursable			
57	Amount of Award *				\$59,500.00
58	Award Date *	09/14/2020			
59	Period of Performance Start Date *	09/14/2020			
60	Period of Performance End Date *	12/30/2020			
61	Primary Place of Performance Address Line 1 *	14 Shaker Rd			
62	Primary Place of Performance Address Line 2				
63	Primary Place of Performance Address Line 3				
64	Primary Place of Performance City Name *	Gray			
65	Primary Place of Performance State Code *	ME			
66	Primary Place of Performance Zip+4 *	04039-9701			
67	Primary Place of Performance Country Name *	United States			
68	Primary Place of Performance Country Code *	USA			
69	Primary Place of Performance Congressional District *				1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.			

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$59,500.00	\$59,500.00	\$0.00	\$0.00
Total		\$59,500.00	\$59,500.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 233

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	65270445		
23	Legal Name*	THE OPPORTUNITY ALLIANCE		
24	Address Line 1*	50 Lydia Ln		
25	Address Line 2			
26	Address Line 3			
27	City Name*	South Portland		
28	State Code*	ME		
29	Zip+4*	04106-2156		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 234

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	794426655		
23	Legal Name*	Carahsoft Technology Corp		
24	Address Line 1*	110 N Washington St Ste 540		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Rockville		
28	State Code*	MD		
29	Zip+4*	20850-2223		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	8		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 220

54	Sub-Recipient Organization (Awardee)*	KITTERY, TOWN OF-093629822
55	Award Number*	KITTERY7020MDP21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$61,027.62
58	Award Date *	09/14/2020
59	Period of Performance Start Date *	09/14/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	200 Rogers Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Kittery
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	03904-1460
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$61,027.62	\$61,027.62	\$0.00	\$0.00
Total		\$61,027.62	\$61,027.62	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 221

54	Sub-Recipient Organization (Awardee)*	FALMOUTH, TOWN OF-019224260
55	Award Number*	FALMOUTH7020MDP21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$61,588.00
58	Award Date *	09/22/2020
59	Period of Performance Start Date *	09/22/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	271 Falmouth Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Falmouth
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04105-2005
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$61,588.00	\$61,588.00	\$0.00	\$0.00
Total		\$61,588.00	\$61,588.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 235

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	117261397	
23	Legal Name*	Dxc Ms LLc	
24	Address Line 1*	1775 Tysons Blvd Fl 8	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Tysons	
28	State Code*	VA	
29	Zip+4*	22102-4251	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	11	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 236

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	08687715		
23	Legal Name*	Maine State Housing Authority		
24	Address Line 1*	26 Edison Dr		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Augusta		
28	State Code*	ME		
29	Zip+4*	04330-6046		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 222

54	Sub-Recipient Organization (Awardee)*	ORRINGTON, TOWN OF-040755741		
55	Award Number*	ORRINGTON7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$63,541.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	19 School St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Orrington		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04474-3435		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$63,541.00	\$63,541.00	\$0.00	\$0.00
Total		\$63,541.00	\$63,541.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 237

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	VC0000241		
23	Legal Name*	The HB Group, LLC		
24	Address Line 1*	15892 S Rockwell Park Cv		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Bluffdale		
28	State Code*	UT		
29	Zip+4*	84065-1659		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 223

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT NO. 25-830759960		
55	Award Number*	RSU257020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$72,959.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	62 Mechanic St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Bucksport		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04416-4094		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$72,959.00	\$72,959.00	\$0.00	\$0.00
Total		\$72,959.00	\$72,959.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 224

54	Sub-Recipient Organization (Awardee)*	LAMOINE CONSOLIDATED ELEMENTARY SCHOOL-100263268
55	Award Number*	LAMOINE7020MDP21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$84,256.00
58	Award Date *	09/14/2020
59	Period of Performance Start Date *	09/14/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	606 Douglas Hwy
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Lamoine
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04605-4252
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$84,256.00	\$84,256.00	\$0.00	\$0.00
Total		\$84,256.00	\$84,256.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 239

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	09363414		
23	Legal Name*	Town of Topsham		
24	Address Line 1*	100 Main St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Topsham		
28	State Code*	ME		
29	Zip+4*	04086-1209		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 225

54	Sub-Recipient Organization (Awardee)*	YARMOUTH, TOWN OF-073993503		
55	Award Number*	YARMOUTH7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$93,550.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	200 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Yarmouth		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04096-6713		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$93,550.00	\$93,550.00	\$0.00	\$0.00
Total		\$93,550.00	\$93,550.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 240

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	957935406		Verified
22	Identification Number			
23	Legal Name*	ORONO, TOWN OF		
24	Address Line 1*	59 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ORONO		
28	State Code*	ME		
29	Zip+4*	04473-4001		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 226

54	Sub-Recipient Organization (Awardee)*	TOWN OF YORK-604440651
55	Award Number*	YORK7020MDP21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$95,059.65
58	Award Date *	09/14/2020
59	Period of Performance Start Date *	09/14/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	186 York St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	York
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	03909-1314
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$95,059.65	\$95,059.65	\$0.00	\$0.00
Total		\$95,059.65	\$95,059.65	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 241

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	5KLH4	
23	Legal Name*	Town of Veazie	
24	Address Line 1*	1084 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Veazie	
28	State Code*	ME	
29	Zip+4*	04401-7056	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 227

54	Sub-Recipient Organization (Awardee)*	Regional School Unit No 18-060992898		
55	Award Number*	RSU187020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$108,285.06
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	41 Heath St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Oakland		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04963-4901		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$108,285.06	\$108,285.06	\$0.00	\$0.00
Total		\$108,285.06	\$108,285.06	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 242

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	099001921	
23	Legal Name*	Town of Tremont	
24	Address Line 1*	20 Harbor Dr	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bass Harbor	
28	State Code*	ME	
29	Zip+4*	04653-3408	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 228

54	Sub-Recipient Organization (Awardee)*	SANFORD SCHOOL DEPARTMENT-832327402		
55	Award Number*	SANFORD7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$116,300.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	917 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Sanford		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04073-3568		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$116,300.00	\$116,300.00	\$0.00	\$0.00
Total		\$116,300.00	\$116,300.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 243

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	24708039	
23	Legal Name*	Town of St. George	
24	Address Line 1*	PO BOX 131	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Tenants Harbor	
28	State Code*	ME	
29	Zip+4*	04860-0131	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 244

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	112473561	
23	Legal Name*	Town of Deer Isle	
24	Address Line 1*	70 Church St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Deer Isle	
28	State Code*	ME	
29	Zip+4*	04627-3503	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 229

54	Sub-Recipient Organization (Awardee)*	Winslow, Town Of-100266022		
55	Award Number*	WINSLOW7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$117,200.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	16 Benton Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Winslow		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04901-6802		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *	1		
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$117,200.00	\$117,200.00	\$0.00	\$0.00
Total		\$117,200.00	\$117,200.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 245

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	40237877		
23	Legal Name*	Town of Gardiner		
24	Address Line 1*	6 Church St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Gardiner		
28	State Code*	ME		
29	Zip+4*	04345-2170		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 230

54	Sub-Recipient Organization (Awardee)*	CALAIS, CITY OF-962649534
55	Award Number*	CALAIS7020MDP21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$117,910.00
58	Award Date *	09/14/2020
59	Period of Performance Start Date *	09/14/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	32 Blue Devil HI
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Calais
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04619-4037
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$117,910.00	\$117,910.00	\$0.00	\$0.00
Total		\$117,910.00	\$117,910.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 246

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	93629723	
23	Legal Name*	City of Sanford	
24	Address Line 1*	919 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Sanford	
28	State Code*	ME	
29	Zip+4*	04073-3545	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 231

54	Sub-Recipient Organization (Awardee)*	Gorham School District-171715563		
55	Award Number*	GORHAM7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$124,843.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	75 South St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Gorham		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04038-1737		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$124,843.00	\$124,843.00	\$0.00	\$0.00
Total		\$124,843.00	\$124,843.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 232

54	Sub-Recipient Organization (Awardee)*	WESTBROOK, CITY OF-073995102		
55	Award Number*	WESTBROOK7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$127,788.69
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	117 Stroudwater St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Westbrook		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04092-4045		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$127,788.69	\$127,788.69	\$0.00	\$0.00
Total		\$127,788.69	\$127,788.69	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 247

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	99366536		
23	Legal Name*	York County Community Action Corporation		
24	Address Line 1*	6 Spruce St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Sanford		
28	State Code*	ME		
29	Zip+4*	04073-2917		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input checked="" type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 248

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	144075223		Verified
22	Identification Number			
23	Legal Name*	TOWN OF BAR HARBOR		
24	Address Line 1*	93 COTTAGE ST STE 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BAR HARBOR		
28	State Code*	ME		
29	Zip+4*	04609-1400		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 233

54	Sub-Recipient Organization (Awardee)*	SCHOOL ADMIN DISTRICT 11-037715208		
55	Award Number*	MSAD117020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$130,000.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	150 Highland Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Gardiner		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04345-1812		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$130,000.00	\$130,000.00	\$0.00	\$0.00
Total		\$130,000.00	\$130,000.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 249

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	77477362		
23	Legal Name*	Town of Houlton		
24	Address Line 1*	21 Water St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Houlton		
28	State Code*	ME		
29	Zip+4*	04730-2104		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 234

54	Sub-Recipient Organization (Awardee)*	SOUTH PORTLAND, CITY OF-037710373
55	Award Number*	STHPORTLAND7020MDP21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$144,900.00
58	Award Date *	09/14/2020
59	Period of Performance Start Date *	09/14/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	130 Wescott Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	South Portland
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04106-3420
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$144,900.00	\$144,900.00	\$0.00	\$0.00
Total		\$144,900.00	\$144,900.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 235

54	Sub-Recipient Organization (Awardee)*	HANCOCK, TOWN OF-058055497		
55	Award Number*	HANCOCK7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$146,996.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	18 Point Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Hancock		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04640-3727		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$146,966.00	\$146,966.00	\$0.00	\$0.00
Total		\$146,966.00	\$146,966.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 250

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	0936332	
23	Legal Name*	Town of Gorham	
24	Address Line 1*	75 South St Ste 100	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Gorham	
28	State Code*	ME	
29	Zip+4*	04038-1737	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 251

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	COM203054	
23	Legal Name*	Town of Oxford	
24	Address Line 1*	85 Pleasant St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Oxford	
28	State Code*	ME	
29	Zip+4*	04270-4205	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions			
<input type="checkbox"/> Non-domestic (non-U.S.) Entity			
<input type="checkbox"/> Other			

Sub Screen: Grant 236

54	Sub-Recipient Organization (Awardee)*	UNION 87 ORONO AND VEAZIE-032525347		
55	Award Number*	VEAZIE7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$154,276.56
58	Award Date *	09/17/2020		
59	Period of Performance Start Date *	09/17/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	10 Goodridge Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Orono		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04473-4077		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$154,276.56	\$154,276.56	\$0.00	\$0.00
Total		\$154,276.56	\$154,276.56	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 252

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	79482117	
23	Legal Name*	Town of Poland	
24	Address Line 1*	1231 Maine St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Poland	
28	State Code*	ME	
29	Zip+4*	04274-7328	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 237

54	Sub-Recipient Organization (Awardee)*	BREWER SCHOOL DEPARTMENT-100028752		
55	Award Number*	BREWER7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$166,640.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	80 North Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Brewer		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04412-1249		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$166,640.00	\$166,640.00	\$0.00	\$0.00
Total		\$166,640.00	\$166,640.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 253

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	097729735		Verified
22	Identification Number			
23	Legal Name*	RAYMOND, TOWN OF		
24	Address Line 1*	401 WEBBS MILLS ROAD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	RAYMOND		
28	State Code*	ME		
29	Zip+4*	04071-6331		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 238

54	Sub-Recipient Organization (Awardee)*	Regional School Unit 2-833017291		
55	Award Number*	RSU027020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$169,495.00
58	Award Date *	09/15/2020		
59	Period of Performance Start Date *	09/15/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	7 Reed St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Hallowell		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04347-3047		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$169,495.00	\$169,495.00	\$0.00	\$0.00
Total		\$169,495.00	\$169,495.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 239

54	Sub-Recipient Organization (Awardee)*	GLENBURN SCHOOL DEPARTMENT-113778349		
55	Award Number*	RSU267020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$198,110.45
58	Award Date *	09/15/2020		
59	Period of Performance Start Date *	09/15/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	10 Goodridge Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Orono		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04473-4077		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$198,110.45	\$198,110.45	\$0.00	\$0.00
Total		\$198,110.45	\$198,110.45	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 254

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	782263581		Verified
22	Identification Number			
23	Legal Name*	MONHEGAN PLANTATION		
24	Address Line 1*	1 MAIN ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	MONHEGAN		
28	State Code*	ME		
29	Zip+4*	04852		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 240

54	Sub-Recipient Organization (Awardee)*	Lewiston Public Schools-198854978
55	Award Number*	LEWISTON7020MDP21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$210,741.00
58	Award Date *	09/14/2020
59	Period of Performance Start Date *	09/14/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	27 Pine St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Lewiston
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04240-7204
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$210,741.00	\$210,741.00	\$0.00	\$0.00
Total		\$210,741.00	\$210,741.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 255

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	109310263	Verified
22	Identification Number		
23	Legal Name*	DOVER FOXCROFT, TOWN OF	
24	Address Line 1*	48 MORTON AVE STE A	
25	Address Line 2		
26	Address Line 3		
27	City Name*	DOVER FOXCROFT	
28	State Code*	ME	
29	Zip+4*	04426-1181	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 256

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	057387052		Verified
22	Identification Number			
23	Legal Name*	ROCKLAND, CITY OF		
24	Address Line 1*	270 PLEASANT ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ROCKLAND		
28	State Code*	ME		
29	Zip+4*	04841-5305		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Grant 241

54	Sub-Recipient Organization (Awardee)*	SCHOOL ADMINISTRATIVE DISTRICT NO 49-097729677		
55	Award Number*	MSAD497020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$215,673.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	8 School St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Fairfield		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04937-1325		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$215,673.00	\$215,673.00	\$0.00	\$0.00
Total		\$215,673.00	\$215,673.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 242

54	Sub-Recipient Organization (Awardee)*	Brunswick School Department-100262757		
55	Award Number*	BRUNSWICK7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$226,800.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	85 Union St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Brunswick		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04011-2418		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$226,800.00	\$226,800.00	\$0.00	\$0.00
Total		\$226,800.00	\$226,800.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 257

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	9939844	
23	Legal Name*	Town of Southwest Harbor	
24	Address Line 1*	26 Village Green Way	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Southwest Harbor	
28	State Code*	ME	
29	Zip+4*	04679-4226	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 243

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 34-830636127
55	Award Number*	RSU347020MDP21
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$261,680.00
58	Award Date *	09/14/2020
59	Period of Performance Start Date *	09/14/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	156 Oak St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Old Town
65	Primary Place of Performance State Code *	ME
66	Primary Place of Performance Zip+4 *	04468-1681
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$261,680.00	\$261,680.00	\$0.00	\$0.00
Total		\$261,680.00	\$261,680.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Sub-Recipient 258

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	876442419		Verified
22	Identification Number			
23	Legal Name*	TOWN OF WELLS INC		
24	Address Line 1*	1563 POST RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WELLS		
28	State Code*	ME		
29	Zip+4*	04090-4519		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 259

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	796935815		Verified
22	Identification Number			
23	Legal Name*	OGUNQUIT, TOWN OF		
24	Address Line 1*	23 SCHOOL ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	OGUNQUIT		
28	State Code*	ME		
29	Zip+4*	03907		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 244

54	Sub-Recipient Organization (Awardee)*	Regional School Union 54-162017933		
55	Award Number*	MSAD547020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$293,000.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	196 W Front St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Skowhegan		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04976-5108		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$293,000.00	\$293,000.00	\$0.00	\$0.00
Total		\$293,000.00	\$293,000.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 245

54	Sub-Recipient Organization (Awardee)*	Ellsworth Public Schools-077022651		
55	Award Number*	ELLSWORTH7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$301,760.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	66 Main St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Ellsworth		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04605-1970		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$301,760.00	\$301,760.00	\$0.00	\$0.00
Total		\$301,760.00	\$301,760.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 260

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	137930343	Verified
22	Identification Number		
23	Legal Name*	LINCOLN, TOWN OF	
24	Address Line 1*	29 MAIN ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	LINCOLN	
28	State Code*	ME	
29	Zip+4*	04457-1440	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Grant 246

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 87-037719952		
55	Award Number*	MSAD237020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$326,695.00
58	Award Date *	09/16/2020		
59	Period of Performance Start Date *	09/16/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	44 Plymouth Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Carmel		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04419-3453		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$326,695.00	\$326,695.00	\$0.00	\$0.00
Total		\$326,695.00	\$326,695.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 261

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	83183087	
23	Legal Name*	Town of Bethel	
24	Address Line 1*	19 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Bethel	
28	State Code*	ME	
29	Zip+4*	04217-4014	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 262

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	22578566		
23	Legal Name*	Town of Eliot		
24	Address Line 1*	1333 State Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Eliot		
28	State Code*	ME		
29	Zip+4*	03903-1324		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 247

54	Sub-Recipient Organization (Awardee)*	WATERVILLE PUBLIC SCHOOLS-051783587		
55	Award Number*	WATERVILLE7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$380,000.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	25 Messalonskee Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Waterville		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04901-5206		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$380,000.00	\$380,000.00	\$0.00	\$0.00
Total		\$380,000.00	\$380,000.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1			\$0.00			
Total:						\$0.00

Sub Screen: Grant 248

54	Sub-Recipient Organization (Awardee)*	AUGUSTA, CITY OF-071740468		
55	Award Number*	AUGUSTA7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$441,966.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	40 Pierce Dr		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Augusta		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04330-0526		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$441,966.00	\$441,966.00	\$0.00	\$0.00
Total		\$441,966.00	\$441,966.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 263

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	027104140	Verified
22	Identification Number		
23	Legal Name*	FARMINGTON, TOWN OF	
24	Address Line 1*	153 FARMINGTON FALLS RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	FARMINGTON	
28	State Code*	ME	
29	Zip+4*	04938-6403	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 249

54	Sub-Recipient Organization (Awardee)*	REGIONAL SCHOOL UNIT 22-026562124		
55	Award Number*	RSU227020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$456,904.41
58	Award Date *	09/17/2020		
59	Period of Performance Start Date *	09/17/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	24 Main Rd N		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Hampden		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04444-1306		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$456,904.41	\$456,904.41	\$0.00	\$0.00
Total		\$456,904.41	\$456,904.41	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 264

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	162017743		Verified
22	Identification Number			
23	Legal Name*	CAMDEN, TOWN OF		
24	Address Line 1*	29 ELM ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	CAMDEN		
28	State Code*	ME		
29	Zip+4*	04843-1910		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 266

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	COM213121	
23	Legal Name*	Town of Rockport	
24	Address Line 1*	101 Main St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Rockport	
28	State Code*	ME	
29	Zip+4*	04856-5963	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Grant 250

54	Sub-Recipient Organization (Awardee)*	Town Of Hermon-028370971		
55	Award Number*	HERMON7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$703,774.93
58	Award Date *	09/17/2020		
59	Period of Performance Start Date *	09/17/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	333 Billings Rd		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Hermon		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04401-0412		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$703,774.93	\$703,774.93	\$0.00	\$0.00
Total		\$703,774.93	\$703,774.93	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Grant 251

54	Sub-Recipient Organization (Awardee)*	AUBURN SCHOOL DEPARTMENT-100028620		
55	Award Number*	AUBURN7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$730,975.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	60 Court St		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Auburn		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04210-5983		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			2
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$730,975.00	\$730,975.00	\$0.00	\$0.00
Total		\$730,975.00	\$730,975.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 267

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	041691318		
23	Legal Name*	Town of Liberty		
24	Address Line 1*	7 Water St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Liberty		
28	State Code*	ME		
29	Zip+4*	04949-3660		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Grant 252

54	Sub-Recipient Organization (Awardee)*	PORTLAND, CITY OF-071747802		
55	Award Number*	PORTLAND7020MDP21		
56	Award Payment Method*	Reimbursable		
57	Amount of Award *			\$1,091,759.00
58	Award Date *	09/14/2020		
59	Period of Performance Start Date *	09/14/2020		
60	Period of Performance End Date *	12/30/2020		
61	Primary Place of Performance Address Line 1 *	353 Cumberland Ave		
62	Primary Place of Performance Address Line 2			
63	Primary Place of Performance Address Line 3			
64	Primary Place of Performance City Name *	Portland		
65	Primary Place of Performance State Code *	ME		
66	Primary Place of Performance Zip+4 *	04101-2957		
67	Primary Place of Performance Country Name *	United States		
68	Primary Place of Performance Country Code *	USA		
69	Primary Place of Performance Congressional District *			1
70	Award Description *	Funding for transportation and facilities modifications to allow for social distancing and health/safety guidelines; cleaning supplies and handwashing stations; contracted services to cover custodial needs, tutoring, and medical staffing; increased need for substitutes, technology, assessments of student learning, communications resources/signage, and professional development for teachers who must become fluent in hybrid and remote learning models in order to accommodate all students.		

Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	CV0066F21 - DOE Safe Return to Classroom	\$1,091,759.00	\$1,091,759.00	\$0.00	\$0.00
Total		\$1,091,759.00	\$1,091,759.00	\$0.00	\$0.00

Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes			
74	Non-Compliance Explanation				
	75 A	75 B	75 C	75 D	75 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Sub Screen: Sub-Recipient 268

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	60997412		
23	Legal Name*	City of Lewiston		
24	Address Line 1*	27 Pine St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Lewiston		
28	State Code*	ME		
29	Zip+4*	04240-7204		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 269

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	7468569		
23	Legal Name*	Town of Winthrop		
24	Address Line 1*	17 Highland Ave		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Winthrop		
28	State Code*	ME		
29	Zip+4*	04364-1506		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
<input type="checkbox"/> Tribally Controlled College or University (TCCU)				
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

Sub Screen: Sub-Recipient 270

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	38495839	
23	Legal Name*	Town of Kennebunkport	
24	Address Line 1*	6 Elm St	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Kennebunkport	
28	State Code*	ME	
29	Zip+4*	04046-6155	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 256

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	837279744	Verified
22	Identification Number		
23	Legal Name*	NORRIDGEWOCK, TOWN OF	
24	Address Line 1*	16 PERKINS ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	NORRIDGEWOCK	
28	State Code*	ME	
29	Zip+4*	04957-3961	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 257

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	000034239	
23	Legal Name*	Guilford, Town of	
24	Address Line 1*	PO BOX 355	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Guilford	
28	State Code*	ME	
29	Zip+4*	04443-0355	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 258

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	018713730		Verified
22	Identification Number			
23	Legal Name*	LISBON, TOWN OF		
24	Address Line 1*	300 LISBON ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	LISBON		
28	State Code*	ME		
29	Zip+4*	04250-6813		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 259

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	108183757		Verified
22	Identification Number			
23	Legal Name*	IDEXX LABORATORIES, INC.		
24	Address Line 1*	1 IDEXX DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WESTBROOK		
28	State Code*	ME		
29	Zip+4*	04092-2040		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 260

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
21	DUNS #*		
22	Identification Number	197698298	
23	Legal Name*	ISLESBORO TOWN OF	
24	Address Line 1*	PO BOX 76	
25	Address Line 2		
26	Address Line 3		
27	City Name*	Islesboro	
28	State Code*	ME	
29	Zip+4*	04848-0076	Verified
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input checked="" type="checkbox"/> Other	

Sub Screen: Sub-Recipient 261

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	083178350		
23	Legal Name*	Bath, City of		
24	Address Line 1*	55 Front St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Bath		
28	State Code*	ME		
29	Zip+4*	04530-2572		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 262

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	009579124		
23	Legal Name*	TOWN OF ROME		
24	Address Line 1*	8 Mercer Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Rome		
28	State Code*	ME		
29	Zip+4*	04963-3044		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 263

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	797007767	Verified
22	Identification Number		
23	Legal Name*	CHEBEAGUE ISLAND, TOWN OF	
24	Address Line 1*	192 NORTH RD	
25	Address Line 2		
26	Address Line 3		
27	City Name*	CHEBEAGUE ISLAND	
28	State Code*	ME	
29	Zip+4*	04017-3230	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 265

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	060987641		Verified
22	Identification Number			
23	Legal Name*	ELLSWORTH, CITY OF		
24	Address Line 1*	1 CITY HALL PLZ		
25	Address Line 2			
26	Address Line 3			
27	City Name*	ELLSWORTH		
28	State Code*	ME		
29	Zip+4*	04605-1935		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	2		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 267

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	052662819	Verified
22	Identification Number		
23	Legal Name*	BOOTHBAY HARBOR, TOWN OF	
24	Address Line 1*	11 HOWARD ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	BOOTHBAY HARBOR	
28	State Code*	ME	
29	Zip+4*	04538-1819	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 268

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	117043140		Verified
22	Identification Number			
23	Legal Name*	BOOTHBAY, TOWN OF		
24	Address Line 1*	7 COREY LANE		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BOOTHBAY		
28	State Code*	ME		
29	Zip+4*	04537-4100		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 269

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	945048861		
23	Legal Name*	HOLLIS TOWN OF		
24	Address Line 1*	34 Town Farm Rd		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Hollis Center		
28	State Code*	ME		
29	Zip+4*	04042-3538		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 270

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	831895557		Verified
22	Identification Number			
23	Legal Name*	BELFAST, CITY OF		
24	Address Line 1*	131 CHURCH ST		
25	Address Line 2			
26	Address Line 3			
27	City Name*	BELFAST		
28	State Code*	ME		
29	Zip+4*	04915-6503		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input checked="" type="checkbox"/> Other		

Sub Screen: Sub-Recipient 272

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	071745418		Verified
22	Identification Number			
23	Legal Name*	WINDHAM, TOWN OF		
24	Address Line 1*	8 SCHOOL RD		
25	Address Line 2			
26	Address Line 3			
27	City Name*	WINDHAM		
28	State Code*	ME		
29	Zip+4*	04062-4807		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input checked="" type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 273

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	097729446	Verified
22	Identification Number		
23	Legal Name*	KENNEBUNK, TOWN OF	
24	Address Line 1*	1 SUMMER ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	KENNEBUNK	
28	State Code*	ME	
29	Zip+4*	04043-6641	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 274

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	077465714	Verified
22	Identification Number		
23	Legal Name*	OLD ORCHARD BEACH, TOWN OF	
24	Address Line 1*	1 PORTLAND AVE	
25	Address Line 2		
26	Address Line 3		
27	City Name*	OLD ORCHARD BEACH	
28	State Code*	ME	
29	Zip+4*	04064-2245	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	1	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	

Sub Screen: Sub-Recipient 275

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No		
21	DUNS #*	112918060		Verified
22	Identification Number			
23	Legal Name*	YORK, TOWN OF		
24	Address Line 1*	9 HANNAFORD DR		
25	Address Line 2			
26	Address Line 3			
27	City Name*	YORK		
28	State Code*	ME		
29	Zip+4*	03909-1667		
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input checked="" type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 276

20	DUNS Available*	<input checked="" type="radio"/> Yes <input type="radio"/> No	
21	DUNS #*	198906430	Verified
22	Identification Number		
23	Legal Name*	AUBURN, CITY OF	
24	Address Line 1*	60 COURT ST	
25	Address Line 2		
26	Address Line 3		
27	City Name*	AUBURN	
28	State Code*	ME	
29	Zip+4*	04210-5983	
30	Country Name*	United States	
31	Country Code*	USA	
32	Congressional District*	2	
33	Organization Type*		
		<input type="checkbox"/> State Government	
		<input type="checkbox"/> County Government	
		<input checked="" type="checkbox"/> City or Township Government	
		<input checked="" type="checkbox"/> Special District Government	
		<input type="checkbox"/> Independent School District	
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education	
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)	
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization	
		<input type="checkbox"/> Public/Indian Housing Authority	
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)	
		<input type="checkbox"/> Private Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)	
		<input type="checkbox"/> Small Business	
		<input type="checkbox"/> Hispanic-serving Institution	
		<input type="checkbox"/> Historically Black College or University (HBCU)	
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)	
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions	
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity	
		<input type="checkbox"/> Other	