

**Department Identification
For the
Schedule of Expenditures of Federal Awards FY 2005**

Please provide the following information:

Dept./Agency Number (enter here)

Dept./Agency Name

Responsible official:

Name and title

Phone number

E-mail address

FAX number

Preparer:

Name and title

Phone number

E-mail address

FAX number

Questionnaire:

1. During fiscal year 2005 (July 1, 2004 - June 30, 2005), did the department or agency receive any federal financial assistance either through a federal or state grantor or both?

YES _____ NO _____

If YES, Please continue with this package. IF NO, please submit this sheet only. Thank you.

This package must be submitted to the Controller's Office by September 1, 2005.

april.d.newman@maine.gov for spreadsheets and April Newman SHS #14 for signed word documents.