

MAINE STATE LEGISLATURE

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E X E C U T I V E D E P A R T M E N T

A REPORT OF AN APPLICATION FOR NON-STATE ASSISTANCE

Name of department _____

Date submitted _____

Department to which request was made _____

Matching funds available, if any:

State _____

Local _____

Purpose of request (brief resume)

Tentative date for approval _____

Disposition of Request: Granted _____ Rejected _____

Date of Disposition _____

Remarks:

Signed: _____

Department _____