

# MAINE STATE LEGISLATURE

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State Clearinghouse A-95 Review  
Pre-application Form

Upon completion, this form should be included with the State Agency Grant application for federal assistance and directed to the State Clearinghouse to aid in the conduct of A-95 review.

1. Applicant Agency \_\_\_\_\_

2. Title of project, program, or plan? \_\_\_\_\_

3. A) Proposed funding breakdown:

Federal \$ \_\_\_\_\_  
State \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

B) Explain other:

4. Is this (pre-) application a:

\_\_\_\_\_ Continuing/ongoing program?  
\_\_\_\_\_ New Program which is expected to continue?  
\_\_\_\_\_ Short-term demonstration project or program?

5. If the application represents a continuation funding request, has the proposed federal level increased?

\_\_\_\_\_ Yes \_\_\_\_\_ No By how much? \_\_\_\_\_ % \$ \_\_\_\_\_

6. A) How does the program, project or plan address the Governor's stated policies?

B) Is there a State legislative mandate authorizing the proposed project, program or plan?

\_\_\_\_\_ Yes \_\_\_\_\_ No

C) If yes, please cite statutory authority. \_\_\_\_\_

7. A) Does the federal arrangement require a State financial obligation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
What level match is required? \_\_\_\_\_

B) Does the federal arrangement require a State service obligation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
What resources or services are required? \_\_\_\_\_

8. From what source (General Fund, Special Revenue Fund) will State monies be used? \_\_\_\_\_

9. What percentage of the federal funds will be passed through to State or non-State agencies? \_\_\_\_\_

Which agencies will be recipients? \_\_\_\_\_

How much will be appropriated to each, if more than one? \_\_\_\_\_

10. What is the expected time span of continued federal participation in the Program? \_\_\_\_\_

11. Will additional State monies be needed to sustain upon termination of federal financial commitment?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

12. A) Does the application represent a request for increase in personnel? \_\_\_\_\_ Yes \_\_\_\_\_ No  
By how many? \_\_\_\_\_

B) If yes, please attach copy of the Personnel Form FJA3.

13. If continuation funding is requested, please list program accomplishments over the course of the  
\_\_\_\_\_ last grant period?