

ADMINISTRATIVE OFFICE OF THE COURTS
Department of Family Administration
FOSTER CARE COURT IMPROVEMENT PROJECT
TPR/PERMANENCY GRANT APPLICATION
Fiscal Year 2010

I. Applicant Information

Project Name: _____

Grantee/Organization Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Organization Director (if applicable): _____

Project Director: _____

Federal ID Number (EIN)(required): _____

DATE SUBMITTED: _____

TOTAL AMOUNT REQUESTED: _____

II. Payment Information

Payee: _____

Person to whom Payment is to be sent:

Name: _____

Address: _____

Email address: _____

Phone Number: _____

Person authorized to approve project expenditures:

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Signature

Date

Please use this form to submit your budget request for Fiscal Year 2010. Fiscal Year 2010 covers the period from July 1, 2009 through June 30, 2010. Budget requests **must be received no later than May 1, 2009**. Please submit an **ORIGINAL SIGNED COPY** to the following address. We cannot accept faxed, emailed or incomplete requests:

Connie Kratovil-Lavelle, Executive Director
Department of Family Administration
Administrative Office of the Courts
Maryland Judicial Center
580 Taylor Avenue, 2nd floor
Annapolis, Maryland 21401
Phone: 410-260-1580

I. Program Goal

Identify and articulate a statement to summarize the goal of the program.

II. Program Summary

Identify and articulate a description of the program for which you are requesting funds. Please include a detailed management plan and project staff, measurable objectives, tasks, and timeline.

III. Statement of Need

Demonstrate the need for the program for which you are applying based upon data available regarding the population served. Please submit a detailed budget outline of how the funds will be utilized.

IV. Outcomes

Identify the specific outcome(s) that will be obtained over the grant period. Along with global outcomes for the program, please identify any specific products that will be produced.

V. Community Collaborations

Please describe, in detail, what collaborations within the community the program will participate in (example: community education to the public, etc.).

VI. Resources to support the program

Please identify all resources that are currently supporting the program and/or any funding sources that will be sought to partially support the program in the future.

VII. Proposed Budget

Please complete attached proposed budget form and submit with application.

**PROPOSED BUDGET FY2010
TPR/Permanency Grant**

GRANT APPLICANT: _____

GRANT PROJECT: _____

Please complete the table below to indicate your proposed budget for FY2010. This budget should reflect how you expect to spend the amount requested in the FY2010 TPR/Permanency Grant Award application.

Please return this form with your grant application.

Description	TPR/Permanency Grant Annual Expenditures	TPR/Permanency Grant One-Time Costs	Total TPR/Permanency Grant Expenses [A+ B]	Contributions from Other Sources	TOTAL Program Costs [C + D]
	A	B	C	D	E
OPERATIONAL EXPENSES					
Personnel (list positions & itemize salary/fringe for each):					
1.					
2.					
3.					
4.					
Equipment/software (list each separately):					
1.					
2.					
3.					
Contracts/Consultants (list each separately):					
1.					
2.					
3.					
Printing/Photocopying					
Supplies					
Telephone					
Training:					
1.					
2.					
Travel					
Other Direct Costs (specify):					
1.					
2.					
3.					
4.					
Indirect Costs/Administrative					
TOTALS					

SUBMITTED BY:

APPROVED:

Name and Title

Date

Connie Kratovil-Lavelle, Executive Director

Date