

**TPR/PERMANENCY GRANT
MID-YEAR BUDGET MODIFICATION REQUEST FORM**

Grant Number: _____

Fiscal Year: _____

Date Submitted: _____

Please use this form to request any Mid-Year Budget modifications for your Special Project Grant. Please submit the completed form to:

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

This Mid - Year Budget Modification Request Form has been prepared and submitted by:

_____ Printed Name	_____ Title
_____ Signature	_____ Date

MODIFICATION APPROVED:

_____ Connie Kratovil-Lavelle, Executive Director	_____ Date
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REASON FOR BUDGET MODIFICATION. *Please detail below the reasons you are requesting a budget modification. If you are adding or changing any positions, please list those positions and explain the change. Please highlight whether the changes requested are for one-time expenditures or whether they will become regular annual program costs. [PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY].*

Description:	CURRENT GRANT AWARD	REQUESTED GRANT AWARD	CHANGE REQUESTED (+/-)
Operation Costs			
Personnel Costs			
Personnel (List positions & itemize salary/fringe for each):			
1.			
2.			
3.			
4.			
Administrative Costs			
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			