

**SPECIAL PROJECT 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 Family Divisions/Family Services Grant. Please submit the completed form to:

*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*

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

Name (printed)

Title

Signature

Date

MODIFICATION APPROVED:

*Connie Kratovil-Lavelle, Executive Director
Family Administration*

Date

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 in future budgets. [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 | | | |