

**FAMILY DIVISIONS/FAMILY SERVICES GRANT
MID-YEAR BUDGET MODIFICATION REQUEST FORM**

Jurisdiction: _____

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
580 Taylor Avenue, 2nd floor
Annapolis, Maryland 21401
Phone: 410-260-1580
FAX: 410-974-5577*

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 items in future budgets. [PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY].*

Description	CURRENT BUDGET	REQUESTED BUDGET	CHANGE REQUESTED (+/-)
OPERATIONAL EXPENSES			
Personnel Costs (Salary/Fringe)			
a.			
b.			
c.			
d.			
Equipment/Software			
Contracts/Consultants			
Printing/Photocopying			
Supplies			
Telephone			
Training			
a.			
b.			
Travel			
Other Direct Costs			
Indirect Costs/Administrative			
SERVICES EXPENSES			
ADR Programs			
Child Counsel/ GAL			
Children - Childcare/Waiting Rm			
Children - Psychoeducational			
Custody Investigations			
Domestic Violence Advocacy			
Domestic Violence - Counseling/Treatment/Anger Mngmt			
Emergency Assistance			
Juvenile Programs			
Mental Health - Evaluations			
Mental Health - Treatment			
Parenting Education			
Pro Se Assistance			
Substance Abuse - Evaluations			
Substance Abuse - Treatment			
Visitation Services			
Other:			
TOTALS			