

**ADJUSTED BUDGET FY2010
Jurisdictional Grantees**

Grant No.:J10-

GRANTEE _____ GRANT PROJECT _____

Please complete the table below to indicate your proposed adjusted project budget for FY2010. This budget should reflect how you expect to spend your FY2010 Family Division/Family Services Grant Award. It will be signed and a copy returned to you upon approval. **Grant Funds must be expended in accordance with the signed adjusted budget.**

Please return this form no later than July 1, 2009 to

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

Description:	Annual Expenditures	One-Time Costs	TOTAL
OPERATIONAL EXPENSES	A	B	C
PERSONNEL COSTS (Salary/Fringe)			
1.			
2.			
3.			
4.			
ADMINISTRATIVE COSTS			
Equipment/Software			
Contract/Consultants			
Printing/Photocopying			
Supplies			
Telephone			
Training			
a.			
b.			
Travel			
Other Direct Costs			
Indirect Costs/Administrative			
SERVICES RELATED EXPENSES:			
Alternative Dispute Resolution Programs			
Children - Childcare/Waiting Room			
Children - Psychoeducational			

Description:	Annual Expenditures	One -Time Costs	TOTAL
OPERATIONAL EXPENSES	A	B	C
Children's Attorneys / (All types)			
Custody Investigations			
Domestic Violence - Advocacy			
Domestic Violence-Counseling/Treatment/AIPS			
Emergency Assistance			
Juvenile Programs			
1.			
2.			
3.			
4.			
5.			
Mental Health - Evaluations			
Mental Health - Treatment			
Parenting Education			
Self Help Programs and Assistance			
Substance Abuse - Evaluations			
Substance Abuse - Treatment			
Visitation Services			
Other:			
1.			
2.			
3.			
TOTALS			

SUBMITTED BY:

Name (printed)

Title

Signature

Date

APPROVED:

Connie Kratovil-Lavelle, Executive Dir., DFA

Date