

**ADJUSTED BUDGET FY2010
TPR/Permanency Grantees**

Grant No.: TPR/PremG10-

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 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 November 2, 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 Operation Expenses	Grant Annual Expenditures A	Grant One-Time Costs B	Total Grant Expenses [A + B] C	Contributions from Other Sources D	TOTAL Program Costs [C + D] E
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					

Description Operation Expenses	Grant Annual Expenditures A	Grant One-Time Costs B	Total Grant Expenses [A + B] C	Matching Funds Expenditures D	TOTAL Program Costs [C + D] E
TOTALS					

SUBMITTED BY:

Name

Date

Title

APPROVED:

Connie Kratovil-Lavelle, Exec. Dir.

Date