

ADMINISTRATIVE OFFICE OF THE COURTS
 Department of Family Administration
 FAMILY DIVISIONS/FAMILY SERVICES
 JURISDICTIONAL BUDGET REQUEST
 Fiscal Year 2011

I. Application Information

Project Name: _____

Grantee/Organization Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Organization Director (if applicable): _____

Project Director: _____

Federal ID Number (EIN) (required): _____

DATE SUBMITTED: _____

TOTAL AMOUNT REQUESTED: _____

II. Administrative Personnel

Initials (Required)

County Administrative Judge: _____ Phone: _____

Family Division Administrative Judge: _____ Phone: _____

Juvenile Judge in Charge: _____ Phone: _____

Family Division Director: _____ Phone: _____

Family Support Services Coordinator: _____ Phone: _____

This Budget Request has been prepared and submitted by:

_____	_____
Name (print)	Phone
_____	_____
Signature	Date

This Budget Request has been approved and submitted by:

_____	_____
County Administrative Judge (print)	Date

Signature	

III. Payment Information

Payee: _____

Person to whom Payment is to be sent:

Name: _____

Address: _____

Email address: _____

Phone Number: _____

Person authorized to approve project expenditures:

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

IV. Program Description

1. Please list and provide a brief description of the various **programs** that are **currently provided** through your Family Division or Family Services Program using the table below. In the spaces indicated, list **new programs** that will be added if your request is fully funded.

Table 1. Family Division/Family Services Program - Programs

Program Title	Brief Description	How Provided (Contractual - C; In-House Staff - S; Private Panel - PP; Referral - R)	Program Costs (to the Court)	Funds Provided By FD/FSP Grant (FD), Local Govt (LG) or, Other Grant (O)?
Current Programs				
New Programs to be Added				

2. Please list and provide a brief description of the **individual positions** that are **currently included** in your Family Division or Family Services Program using the table below. In the spaces indicated, list **new positions** you plan to add if your request is fully funded. *Note that the positions itemized may overlap with the programs described above.*

Table 2. Family Division/Family Services Program - Positions

Position Title	Brief Description	Grade	Salary A	Benefits B	TOTAL COST (A + B)	Funds Provided BY FD/FSP Grant (FD), Local Govt (LG) or, Other Grant(O)?
Current Positions						
New Positions to be Added						

3. Please provide a short narrative regarding the additional needs that have been identified as priorities for expansion of your Family Division / Family Services Program in the fiscal year for which you are submitting this request. Please include any information or data that was considered in identifying these priorities. State how these priorities relate to the *Performance Standards and Measures for Maryland's Family Divisions*. Describe how new programs, services or positions will benefit the general public, litigants, the Court or other stakeholders.

FAMILY DIVISION/FAMILY SERVICES BUDGET PLANNING
BUDGET REQUEST FOR FISCAL YEAR 2011

Jurisdiction: _____

4. New Positions and Programs

List below all new programs or initiatives, which will be undertaken by the Circuit Court Family Division or Family Services Program if funding is made available. Please provide any statistics or other information, which might justify the need for the proposed program. Within each program, indicate whether the program is to be provided contractually by an outside agency, or whether court staff will be hired directly. If the initiative entails the creation of new positions, please detail those as indicated. *If you utilized the Budget Planning Questionnaire, you may consolidate information here from tables 1, 1A, 2, 3, 4, 5, 6 and 6A. Use a separate ROW for each program or area within the Family Division or Family Services Program. Include new positions, new programs, as well as program enhancements, which reflect an increase of 5% or more in that program over last year. **Include only positions and expenditures for which you are seeking STATE (Family Services) Funding.** (Add additional pages if necessary).*

Table 4. New Programs, New Positions and Program Enhancements

Program/Position Name & Justification	List Each Expense and New Position	Personnel Costs (Itemize salary and benefits for each position) A	Other Annual Costs B	One-Time Costs C	Total ADDITIONAL Program Costs (Include only cost increase) (A + B + C)
Program/Position Name: Justification					
Program/Position Name: Justification					
Program/Position Name: Justification					
Program/Position Name: Justification					

5. Budget Request Summary

Summarize in Table 4 the COMPLETE proposed budget request for the Family Division or Family Services Program for the fiscal year. These amounts should INCLUDE all new funding detailed in Table 4. List here only funds requested as part of your Family Division/Family Services grant.

Table 5. Budget Request Summary

Description: OPERATIONAL EXPENSES	Annual Expenditures	One-Time Costs	TOTAL
	A	B	C
PERSONNEL COSTS			
Salary			
Fringe			
ADMINISTRATIVE COSTS			
Equipment/Software			
Contract/Consultants			
Printing/Photocopying			
Supplies			
Telephone			
Training:			
a.			
b.			
Travel			
Other Direct Costs			
Indirect Costs/Administrative			
Dues/Subscriptions/Publications			
SERVICES RELATED EXPENSES			
Alternative Dispute Resolution Programs			
Children - Childcare/Waiting Room			
Children - Psychoeducational			
Children's Attorneys (all types)			
Custody Investigations			
Domestic Violence - Advocacy			
Domestic Violence - Counseling/Treatment/AIPS			
Emergency Assistance			
Juvenile Programs			
1.			
2.			
3.			
4.			
5.			

Description: OPERATIONAL EXPENSES	Annual Expenditures	One -Time Costs	TOTAL
	A	B	C
Mental Health - Evaluations			
Mental Health - Treatment			
Parenting Education			
Self Help Centers and Assistance			
Substance Abuse - Evaluations			
Substance Abuse - Treatment			
Visitation Services			
Other/Contractual Services: 1. 2. 3.			
TOTALS			

As indicated above, the total amount requested for Fiscal Year 2011 is _____ .

Please use this form to submit your budget request for Fiscal Year 2011. Fiscal Year 2011 covers the period from July 1, 2010 through June 30, 2011. Budget requests **must be received no later than July 15, 2009**. Please submit an **ORIGINAL SIGNED COPY** to the following address. We cannot accept faxed, emailed or incomplete requests:

Connie Kratovil-Lavelle, Executive Director
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 Administrative Office of the Courts
 Maryland Judicial Center
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 Annapolis, Maryland 21401
 Phone: 410-260-1580