



Grant Application Cover Sheet

Applicant Organization Name: _____
Office/Department/Unit (if applicable): _____
Program Name (if different): _____
Address: _____
City: _____ **State:** _____ **ZIP:** _____
Federal Employer Identification Number (FEIN): _____ **SAM Unique Entity ID (if applicable):** _____
Amount Requested: \$ _____ **Matching Funds (if applicable): \$** _____

Applicant Organization Personnel	Name	Phone Number	Email
Administrative Judge/ Organization Director:			
Court Administrator/ Administrative Clerk:			
Project Manager:			
Project Finance Manager:			

Authorizing Signatures

By signing below, the applicant agrees to abide by all terms of the Maryland Judiciary's General Grant Conditions as well as the terms of the Special Conditions for FY2027 Judicare Grants.

Director/Administrative Authority:

Financial Authority:

<i>Signature</i>	<i>Signature</i>
<i>Printed Name</i>	<i>Printed Name</i>
<i>Title</i>	<i>Title</i>
<i>Date</i>	<i>Date</i>

Please compile your application into one PDF document and submit your application to: atjgrants@mdcourts.gov by **March 13, 2026.**

SUMMARY OF THE GRANT

Summary of the Grant: (50 words or less) The summary will be incorporated into the Grant Award & Acceptance Form and Cover Sheet reviewed by the State Court Administrator and Chief Judge, District Court of Maryland.

>Name of Organization< will use grant funding to support the >Name of Project< to >describe programs' s main function and who program benefits/serves< in >list all counties served; statewide programs should list Maryland<.

PROJECT NARRATIVE

Provide a narrative description of the proposed project using the outline below. The narrative should not exceed 5 pages. Applications should be developed using an 8" x 11 ½" page format with one-inch margins and 12-point font. In addition to the cover sheet and narrative description of the project, applicants must submit a detailed budget with justification, and a letter of support from the administrative judge of the court.

PROJECT PERIOD

Specify the beginning and end dates of the proposed project period.

PROBLEM STATEMENT

Provide a clear, concise and well-supported statement of the problem to be addressed.

NEEDS ASSESSMENT

Discuss the need for the project and why existing resources or programs do not meet this need.

PROJECT ACTIVITIES

Describe the tasks to be undertaken to address the problem. Clearly state the number of full-time equivalent positions that will be supported by the grant and the role of each position.

BENCHMARKS

Describe the data that will be used to evaluate whether the program achieves its objectives.

STAKEHOLDERS

Identify any person or organization that is actively involved in the project, or whose interests may be affected positively or negatively by execution of the project. Stakeholders can be internal or external to the organization. The public at large may be considered a stakeholder during the project.

OTHER SOURCES OF FUNDING FOR THE PROJECT

Identify all funding sources associated with the project including fees authorized by law collected as part of this grant program; fees collected as part of the program shall be tracked and reported as program income, and shall be used for the direct benefit of the program

OTHER RELEVANT INFORMATION

Contact Information (Programmatic and Financial):

Project Director: _____ Phone: _____

Project Director – E-mail: _____ Fax: _____

Fiscal Contact: _____ Phone: _____

Fiscal Contact – E-mail: _____ Fax: _____

ADDITIONAL INFORMATION: Segregation of Duties

The Authorized Representative, Fiscal Authority, Project Director and Fiscal Contact should not be the same individual. An organization should demonstrate the ability to establish segregation of duties.

Authorized Representative: An individual within an organization who is legally authorized to sign the application on behalf of the organization. The signature of the Authorized Representative implies that the organization endorses the proposed project and is prepared to accept responsibility for it. This person, also called an “Authorizing Official,” is typically the president, vice president, executive director, provost, or chancellor.

Fiscal Authority: An individual within an organization who assumes responsibility for all financial management of that organization.

Project Director Contact Information: An individual within an organization who oversees the day to day operation of the project.

Fiscal Contact Information: Individual within an organization responsible for reconciling grant funds, completing reports related to the grant and disburses grant funds in accordance with the purpose of the grant solely at the direction of the grantee. If the Grantee Fiscal Contact is not in the same organization as the grantee, grantees are required to obtain, in writing, the fiscal contact’s agreement to accept this responsibility before applying for grants.