## **Administrative Office of the Courts**

**Applicant Organization Name:** 

DEPARTMENT OF JUVENILE AND FAMILY SERVICES 2009-A COMMERCE PARK DRIVE, ANNAPOLIS, MD 21401 NOFA #: N20-0001-25I



## **Jurisdictional Application Modification Cover Sheet Modification #:**

rogram Name (if diff	ferent):			
ddress:				
City:	St	tate:	ZIP:	
Federal Employee Identification Number (FEIN): Amount Requested: \$		EIN):	DUNS (if applicable): NA  Matching Funds: NA (if applicable)	
Applicant Organization Personnel	Name	Phone Number	Email	
Administrative Judge/ Organization Director:				
Court Administrator/ Administrative Clerk:				
Duniant Managan				
Project Wanager:				
Project Finance				
Project Finance Manager:  Authorizing Signat Authorizing Signatur Judiciary's General G	res By signing below,		to abide by all terms of the Maryland Special Grant Conditions for FY20	
Project Finance Manager:  Authorizing Signate Authorizing Signatur Judiciary's General G Jurisdictional Grants.	res By signing below, a Brant Conditions as well		Special Grant Conditions for FY20	
Project Finance Manager:  Authorizing Signate Authorizing Signatur Judiciary's General G Jurisdictional Grants.  Director/Administrat	res By signing below, a Brant Conditions as well	l as the terms of the	Special Grant Conditions for FY20	
	res By signing below, a Brant Conditions as well	Financial A		

## **Jurisdictional Grant Application Modification**

Please use this form to modify the FY20 Grant Application (originally submitted in July of 2018). The rows will expand as you type. To add rows, position your cursor in the last row of the table, right click, and choose "insert row below."

Is this an ADDITION or a REVISION to your FY20 Application?	<b>Line Item</b> Name the line item that is being added or revised.	<b>Cost</b> Provide the amount to be Added or Revised	Explanation of Addition or Revision  Please explain: Why is the line item needed? &  How was the cost determined?
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Original Amount Requested: (submitted July 2018)	
Changes to Amount Request (+/-):	
Total Amount of Final Request:	

**COUNTY NAME:**