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## **FY 2026 Children’s Cabinet (CCIF) LMB Grant Modification Form**

**LMB Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use this form to submit a modification request for:

* Grant (Program): Non-budgetary change(s) to a grant that includes, but are not limited to: project scope, changes to the performance period and/or designated roles.
* Budget: A modification to the approved budget to reallocate dollar amounts among budget categories/line items within the existing award amount.

**Instructions:**

In the space below, briefly but succinctly describe the modification(s) that are requested. The description should include why the modification is needed and how the proposed modification aligns with goals of the LMB’s CPA grant activities. A separate document may be submitted with this information if needed.

For a budget modification, please complete the above step and attach the required budget modification template to this request.

***By signing below, we hereby certify that the LMB’s authorized official reviewed and approved this modification request.* Signatures of the LMB’s authorized official and LMB director (if applicable) are required. Electronic signatures are acceptable.**

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**Signature Signature**

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**Name and Title Name and Title**

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**Date Date**

**Send this signed form and the budget modification template (if applicable) to the GOC Grants and Data Manager,** **tracey.webb@maryland.gov****.**