

**FY 2026**  
**Budget Identification Form**  
**(SUBMIT WITH BUDGET PACKAGE)**

**ORGANIZATION:**

**PROGRAM NAME:**

**PROGRAM CATEGORY:**

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**Signature of Person Authorized by the Corporation to Sign on its Behalf**

**Date**

**EXISTING PROGRAM:**

As a currently licensed program with an existing rate issued by the Interagency Rates Committee, are you requesting an FY 2026? (Check Only One “Yes” Box – Either Rate Renewal or Rate Modification)

**RATE RENEWAL:**

- Yes  
 No

**RATE MODIFICATION:**

- Yes  
 No

**NEW PROGRAM:**

Is this a rate request for a new program budget (not currently licensed, recently licensed, or licensed but without a current IRC rate)? Please identify relevant licensing agency. (Check One Box Only.)

- Department of Human Services (DHS) Child Placement Agency  
*(No Statement of Need Required)*
- Department of Juvenile Services (DJS)  
*(No Statement of Need Required for Non-Residential Programs)*
- Maryland State Department of Education (MSDE) Type III Educational Program  
*(No Statement of Need Required)*