**FY 2025**

**Budget Identification Form**

**(SUBMIT WITH BUDGET PACKAGE)**

**ORGANIZATION:** Type Name of Organization

**PROGRAM NAME:** Type Name of Program

**PROGRAM CATEGORY:** Select Program Category Type

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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 a FY 2025? (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) Residential Child Care Program

*(Response to RFP or Statement of Need Required)*

[ ]  Department of Human Services (DHS) Child Placement Agency

*(No Statement of Need Required)*

[ ]  Department of Juvenile Services (DJS)

*(Statement of Need Required)*

[ ]  Maryland Department of Health (MDH)

*(No Statement of Need Required)*