

MICHIGAN DEPARTMENT OF CORRECTIONS

OFFICE OF COMMUNITY CORRECTIONS
BUDGET ADJUSTMENT REQUEST
FY 2025

CCAB Name:					
INSTRUCTIONS: Complete the appropriate sections for Comprehensive Plans and Services. The rationale to support the request must be completed in order for the adjustment to be approved.				E-MAIL: karfontad@michigan.gov maynardm@michigan.gov	
COMPREHENSIVE PLANS AND SERVICE FUNDS					
Program Activity	CCIS Program Code	CURRENT AWARD AMOUNT	PROPOSED INCREASE	PROPOSED DECREASE	PROPOSED AWARD AMOUNT
Group-Based Programs Education Employment Cognitive Domestic Violence Sex Offender Substance Abuse Other Group Services	Sub Total	B00 B15 C01 C05 C06 G18 G00			
Supervision Programs Intensive Supervision Electronic Monitoring Pretrial Supervision		Sub Total	D23 D08 F23		
Assessment Services Actuarial Assessment Pretrial Assessment	Sub Total	I22 F22			
Case Management Substance Abuse Testing Other 5-Day Housing	Sub Total	I24 G17 Z00 Z02			
Total Program Funding					
Administration Salary & Wages Contractual Services Equipment Supplies Travel Training Board Expenses Other					
Total Administration (Not to exceed 30% of total Budget)	#DIV/0!				
Total Administration with BAR (Not to exceed 30% of total Budget)	#DIV/0!				
Total Program and Administration					
RATIONALE TO SUPPORT REQUEST:					

Authorized by:

Community Corrections Manager Date