

May 6, 2026

Mrs. Mary Abraham  
Compliance Reporting Manager  
Governor's Office of Crime Prevention and Policy  
100 Community Place  
Crownsville, MD 21032

**STATE CLEARINGHOUSE REVIEW PROCESS**

**State Application Identifier:** MD20260505-0197

**Project Description:** Bureau of Justice Assistance FY25 Residential Substance Abuse Treatment for State Prisoners –  
Formula Grants Program

**Project Location:** Maryland

**Clearinghouse Contact:** Sophia Richardson

Dear Mrs. Abraham:

Thank you for submitting your project for intergovernmental review. Participation in the Maryland Intergovernmental Review and Coordination (MIRC) process helps ensure project consistency with plans, programs, and objectives of State agencies and local governments.

Notice of your application is being provided to State and local public officials through the ***Intergovernmental Monitor***, which is a database of projects received by the State Clearinghouse for Intergovernmental Assistance. This information may be viewed at <http://apps.planning.maryland.gov/emirepublic/>. The project has been assigned a unique State Application Identifier that should be used on all documents and correspondence.

A "Project Status Form" has been enclosed and should be completed and returned after you receive notice that your project was approved or not approved.

All MIRC requirements have been met in accordance with Code of Maryland Regulations (COMAR 34.02.01.04-.06) and this concludes the review process for the above referenced project. If you need assistance or have questions, contact the State Clearinghouse staff noted above at 410-767-4490 or through e-mail at [sophia.richardson@maryland.gov](mailto:sophia.richardson@maryland.gov). Thank you for your cooperation with the MIRC process.

Sincerely,



Jason Dubow, Director  
Research, Review and Policy Division

JD:SR  
Enclosure(s)

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## PROJECT STATUS FORM

Please complete this form and return it to the State Clearinghouse at [mdp.clearinghouse@maryland.gov](mailto:mdp.clearinghouse@maryland.gov) upon receipt of notification that the project has been approved or not approved by the approving authority.

**TO:** **Maryland State Clearinghouse**  
Maryland Department of Planning

**DATE:** \_\_\_\_\_  
(Please fill in the date form completed)

**FROM:** \_\_\_\_\_  
(Name of person completing this form.)

**PHONE:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Area Code & Phone number)

**RE: State Application Identifier:** MD20260505-0197  
**Project Description:** Bureau of Justice Assistance FY25 Residential Substance Abuse Treatment for State Prisoners – Formula Grants Program

### PROJECT APPROVAL

This project/plan was: ☐ Approved ☐ Approved with Modification ☐ Disapproved

Name of Approving Authority: \_\_\_\_\_

Date Approved: \_\_\_\_\_

### FUNDING APPROVAL

The funding (if applicable) has been approved for the period of:

\_\_\_\_\_, 202\_\_ to \_\_\_\_\_, 202\_\_ as follows:

Federal \$: \_\_\_\_\_

Local \$: \_\_\_\_\_

State \$: \_\_\_\_\_

Other \$: \_\_\_\_\_

### OTHER

☐ Further comment or explanation is attached