



<b>Total</b>			\$1,360,000	
<b>13. Project Schedule</b>				
<b>Begin Design</b>	<b>Complete Design</b>	<b>Begin Construction</b>	<b>Complete Construction</b>	
7/04	6/05	7/05	1/06	
<b>14. Total Private Funds and Pledges Raised as of January 2005</b>		<b>15. Current Number of People Served Annually at Project Site</b>		<b>16. Number of People to be Served Annually After the Project is Complete</b>
\$35,000		840 inpatients; 360 PHP		840 inpatients; 360 PHP
<b>17. Other State Capital Grants to Recipients in Past 15 Years</b>				
<b>Legislative Session</b>	<b>Amount</b>	<b>Purpose</b>		
FY97	\$800,000	Emergency Dept. Relocation and Expansion		
<b>18. Legal Name and Address of Grantee</b>		<b>Project Address (If Different)</b>		
The North Arundel Hospital Association, Inc.		301 Hospital Drive, Glen Burnie, MD 21061		
<b>19. Contact Name and Title</b>		<b>Contact Phone</b>	<b>Email Address</b>	
Colleen Roach		410-787-4236	colroa@northarundel.org	
Vice President				
<b>20. Legislative District in Which Project is Located</b>			32	
<b>21. Legal Status of Grantee (Please Check one)</b>				
<b>Local Govt.</b>	<b>For Profit</b>	<b>Non Profit</b>	<b>Federal</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>22. Grantee Legal Representative</b>		<b>23. If Match Includes Real Property:</b>		
<b>Name:</b>	Megan M. Arthur	<b>Has An Appraisal Been Done?</b>	Yes/No	
<b>Phone:</b>	410-328-1635			
<b>Address:</b>		<b>If Yes, List Appraisal Dates and Value</b>		
University of Maryland Medical System				
250 W. Pratt Street, Suite 880				
Baltimore, MD 21201				
<b>24. Impact of Project on Staffing and Operating Cost at Project Site</b>				
<b>Current # of Employees</b>	<b>Projected # of Employees</b>	<b>Current Operating Budget</b>	<b>Projected Operating Budget</b>	
46	46	\$2,275,082.00	\$2,366,085.00	
<b>25. Ownership of Property (Info Requested by Treasurer's Office for bond issuance purposes)</b>				
<b>A. Will the grantee own or lease the property to be improved?</b>			Own	
<b>B. If owned, does the grantee plan to sell within 15 years?</b>			No	
<b>C. Does the grantee intend to lease any portion of the property to others?</b>			No	
<b>D. If property is owned by grantee and any space is to be leased, provide the following:</b>				
<b>Lessee</b>		<b>Terms of Lease</b>	<b>Cost Covered by Lease</b>	<b>Square Footage Leased</b>


**E. If property is leased by grantee – Provide the following:**

Name of Leaser	Length of Lease	Options to Renew

**26. Building Square Footage:**

<b>Current Space GSF</b>	6800
<b>Space to Be Renovated GSF</b>	6800
<b>New GSF</b>	6800

<b>27. Year of Construction of Any Structures Proposed for Renovation, Restoration or Conversion</b>	1965
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**28. Comments:**

Minor / cosmetic renovations in 1989.