State of Maryland 2015 Bond Bill Fact Sheet

1. Senate LR#	Bill#	House LR#	Bill #	2. Name of Project				
lr2741	sb0846	lr2802	hb1156	Delmarva Discovery Center and Museum				
3. Senate	Bill Sponso	ors		House Bill Sponsors				
Mathias				Otto				
4. Jurisdi	ction (Coun	ty or Baltin	nore City)	5. Requested Amount				
Worcester	County			\$250,000				
6. Purpos								
_	_			and Museum	, reconstruction, and capital			
7. Match								
Requiremen	its:	Т	Type:					
Equal The matching fund may consist of real property or fund prior to the effective date of this Act.								
8. Specia	l Provisions	5						
⊠ Hi	storical Eas	ement		⋈ Non-Sectarian				
9. Contac	t Name and	l Title		Contact Phone	Email Address			
Stacey Weisner			4438808627	stacey@delmarvadiscoverycent er.org				
10. Desci	ription and	Purpose of	f Grantee O	rganization (Limit L	ength to Visible area)			

11. Description and Purpose of Project (Limit Length to Visible area)			
Round all amounts to the nearest \$1,000. The totals in Items 12 (Estimates)			
Sources) must match. The proposed funding sources must not include to value is shown under Estimated Capital Costs.	he value of real property unless an equivalent		
12. Estimated Capital Costs			
Acquisition			
Design			
Construction			
Equipment			
Total			
13. Proposed Funding Sources – (List all funding source	es and amounts)		
Source	Amount		
Total			

14. Project Schedul	e <i>(Enter a da</i>	te or one of th	ie following in each b	ox. N/A	, TBD or Complete)		
Begin Design	Comple	ete Design	Begin Construct	ion	Complete Construction		
15. Total Private I	Tunds and	16. Curren	t Number of	17. N	17. Number of People to be		
Pledges Raised		People Ser	ved Annually at		erved Annually After the		
		Project Sit	e	Proje	ct is Complete		
18. Other State Ca	pital Grant	s to Recipie	nts in Past 15 Year	S			
Legislative Sessio	n Amou	unt	Purpose				
19. Legal Name an	d Address	of Grantee	Project Addre	ss (If D	ifferent)		
					,		
20. Legislative District in Which Project is Located							
21. Legal Status of							
Local Govt. For Profit			Non Profit Federal				
22. Grantee Legal	Representa	tive	23. If Match Inc				
Name:			Has An Appraisal Yes/No Been Done?		Yes/No		
Phone:							
Address:			If Yes, List Appraisal Dates and Value				

24. Impact of Project of	on Staffing and Opera	ting Cost at Project	Site			
Current # of	Projected # of	Current Operati	ing Projected Operating			
Employees	Employees	1 9 1			Budget	
25. Ownership of Pro	nerty (Info Requested	by Treasurer's Office	for b	ond issuan	ice purposes)	
A. Will the grantee ov		~			, p	
B. If owned, does the						
C. Does the grantee in	tend to lease any por	tion of the property	to ot	hers?		
D. If property is owne					ollowing:	
1 1 0	grance and any sp			Cost	Square	
Lessee		Terms of	Co	vered by	Footage	
	Dessee			Lease	Leased	
E. If property is lease	d by grantee – Provid	e the following:				
Nama	of Leaser	Length of		Ontions	s to Renew	
Tvaine (JI Leasei	Lease		Options	to Renew	
26. Building Square F	Tootage:					
Current Space GSF						
Space to Be Renovated	d GSF					
New GSF						
27. Year of Constructi	on of Any Structures	Proposed for				
Renovation, Restoration	on or Conversion					

28. Comments: (Limit Length to Visible area)