

Prior Authorization Request Form

[Prior Authorization Guidelines](#)

Name of Project: _____

Name of Grantee: _____

Year Authorized: _____ Original Bond Amount: _____

County: _____

Requestor(s):

Senate: _____

House: _____

Request Details (Briefly indicate how the sponsor would like the Prior Authorization Changed):

Original Bond Bill Request(s) (Include as much detail as possible, *i.e.*, chapter number, section, year, bill number, *etc.*):

Previous Prior Authorization Request(s)/Bill(s): (Include as much detail as possible *i.e.* chapter number, section, year, bill number, *etc.*)

Project/Grantee Contact Person:

Name: _____ Phone Number: _____

Email Address: _____

If changing grantee or project name:

New Contact Person: _____ New Phone Number: _____

New Email Address: _____

Please submit this form, and direct any questions to: Prior.Authorization@mlis.state.md.us

***Requests processed after March 7 will be considered as
Committee Amendments to the Bill in each Chamber.**