

State of Maryland

Bond Bill Fact Sheet

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| 1. Senate Bill # | House Bill # | 2. Name of Bill |
| SB326 | HB319 | Creation of a State Debt - Calvert County - Calvert Hospice House |
| 3. Senate Bill Sponsors | | House Bill Sponsors |
| Senator Dyson | | Delegates O'Donnell, Kullen, Proctor, and Vallario |
| 4. Jurisdiction (County or Baltimore City) | | 5. Requested Amount |
| Calvert County | | \$150,000 |
| 6. Purpose of Bill | | |
| Authorizing the creation of a State Debt, the proceeds to serve as a grant to the Board of Directors of Calvert Hospice for the acquisition, construction, and capital equipping of the Calvert Hospice House to provide end of life care to residents of Calvert County | | |
| 7. Matching Fund Requirements | | |
| Prior to the payment of any funds, the grantee shall provide and expend a matching fund. No part of the fund may consist of funds expended prior to the effective date of this Act. The fund may consist of real property or in-kind contributions. | | |
| 8. Special Provisions | | |
| None | | |
| 9. Description and Purpose of Grantee Organization | | |
| Calvert Hospice is the only community-based hospice in Calvert County. A not-for-profit, private corporation, governed by an independent, community Board of Directors, Calvert Hospice provides interdisciplinary care for the terminally ill of Calvert County and their families, including nursing (available 24 hours per day, 7 days per week), psychosocial, spiritual, personal care and bereavement support in the homes of our patients, whether that is a private residence or nursing or assisted living facility. Calvert Hospice also provides bereavement services, including support groups and individual counseling for adults and children, and an annual summer day camp for grieving children, to anyone in the County grieving the loss of someone close whether that person was a Calvert Hospice patient or not, at no charge to the participants. Calvert Hospice offers community education programs for the general public and mental health and educational professionals, and an annual memorial service honoring all of our patients and the deceased loved ones of those for whom we care in our bereavement services program. | | |
| 10. Description and Purpose of Project | | |
| Currently, Calvert Hospice provides care in patients' homes. The Calvert Hospice House will offer a home-like alternative for up to 6 patients for whom hospice care at home is not feasible. The Hospice House will be available to any Hospice patient of Calvert Hospice on a first-come, first-served basis without regard to the individual's ability to pay for care or the costs of room and board at the Hospice House. The Hospice House will be staffed 24 hours a day, 7 days per week by Hospice staff who will provide primary care for each resident. In addition, each resident will be served by a regular Hospice team composed of the patient's physician and a Hospice nurse, social worker, home health aide, chaplain and volunteer. | | |
| <i>Round all amounts to the nearest \$1,000. The totals in Items 11 (Estimated Capital Costs) and 12 (Proposed Funding Sources) must match. The proposed funding sources must not include the value of real property unless an equivalent value is shown under Estimated Capital Costs.</i> | | |
| 11. Estimated Capital Costs | | |
| Acquisition | | 300,000 |

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|------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------|-----------------------------------|
| Address: | | If Yes, List Appraisal Dates and Value | |
| P.O. Box 2809 Prince Frederick, MD 20678 | | | |
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| 24. Impact of Project on Staffing and Operating Cost at Project Site | | | |
| Current # of Employees | Projected # of Employees | Current Operating Budget | Projected Operating Budget |
| 0 | 12 | 0 | \$500,000 |
| 25. Ownership of Property (Info Requested by Treasurer's Office for bond issuance purposes) | | | |
| A. Will the grantee own or lease the property to be improved? | | | Own |
| B. If owned, does the grantee plan to sell within 15 years? | | | No |
| C. Does the grantee intend to lease any portion of the property to others? | | | No |
| D. If property is owned by grantee and any space is to be leased, provide the following: | | | |
| Lessee | Terms of Lease | Cost Covered by Lease | Square Footage Leased |
| N/A | | | |
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| E. If property is leased by grantee – Provide the following: | | | |
| Name of Leaser | Length of Lease | Options to Renew | |
| N/A | | | |
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| 26. Building Square Footage: | | | |
| Current Space GSF | 0 | | |
| Space to Be Renovated GSF | | | |
| New GSF | 5,600 | | |
| 27. Year of Construction of Any Structures Proposed for Renovation, Restoration or Conversion | | | N/A |
| 28. Comments: | | | |
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