

State of Maryland

Bond Bill Fact Sheet

| | | | |
|---|---|---|-----------------------------------|
| | | Total | \$1,000,000 |
| 13. Project Schedule | | | |
| Begin Design | Complete Design | Begin Construction | Complete Construction |
| May 2005 | June 2005 | October 2005 | May 2006 |
| 14. Total Private Funds and Pledges Raised as of January 2005 | 15. Current Number of People Served Annually at Project Site | 16. Number of People to be Served Annually After the Project is Complete | |
| -0- | 190,000 Visitors | Approximately same number | |
| 17. Other State Capital Grants to Recipients in Past 15 Years | | | |
| Legislative Session | Amount | Purpose | |
| None | | | |
| | | | |
| | | | |
| | | | |
| 18. Legal Name and Address of Grantee | | Project Address (If Different) | |
| Annapolis & Anne Arundel County Conference and Visitors Bureau 26 West Street Annapolis, Maryland 21401 | | | |
| 19. Contact Name and Title | | Contact Phone | Email Address |
| Connie Del Signore | | 443-852-2648 | cdelsignore@visitannapolis.org |
| | | | |
| | | | |
| 20. Legislative District in Which Project is Located | | 30 | |
| 21. Legal Status of Grantee (Please Check one) | | | |
| Local Govt. | For Profit | Non Profit | Federal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22. Grantee Legal Representative | | 23. If Match Includes Real Property: | |
| Name: | | Has An Appraisal Been Done? | Yes/No |
| Phone: | | | No |
| Address: | | If Yes, List Appraisal Dates and Value | |
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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 |
| 11 | 12 | \$1.2m | \$1.2m |
| 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 |
|--------|----------------|-----------------------|-----------------------|
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E. If property is leased by grantee – Provide the following:

| Name of Leaser | Length of Lease | Options to Renew |
|----------------|-----------------|------------------|
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26. Building Square Footage:

| | |
|---------------------------|-------|
| Current Space GSF | 5,000 |
| Space to Be Renovated GSF | 2,500 |
| New GSF | 3,000 |

27. Year of Construction of Any Structures Proposed for Renovation, Restoration or Conversion

28. Comments: