State of Maryland Bond Bill Fact Sheet

1. Senate Bill #	House Bill #	2. Nam	e of Bill				
SB658	HB1268	Creation	n of a State Debt - Anne Arundel County - North				
		Arundel	Hospital Associa	ospital Association			
3. Senate Bill Spo	Sponsors House Bill Sponsors						
Anne Arundel Cou	inty Senators		Delegate Love				
4. Jurisdiction (County or Baltimore City)			5. Requested Amount				
Anne Arundel Cou		\$600,000					
6. Purpose of Bill							
Authorizing the cr	eation of a State	debt, the p	proceeds to be use	ed as a grant to the Board of Directors			
e	of North Arundel Hospital Association, Inc. for the planning, design, construction, repair,						
	_			osychiatric unit, to be located in Glen			
Burnie.	_						
7. Matching Fun	d Requirements						
Prior to the payme	nt of any funds, t	he grantee	e shall provide an	nd expend a matching fund. No part			
				ns. The fund may consist of funds			
expended prior to	the effective date	of this A	ct.				
8. Special Provisi	ions						
None							
9. Description an	d Purpose of Gi	rantee Or	ganization				
Community hospit	al, sole provider	of inpatie	nt psychiatric car	re in Anne Arundel County.			
10. Description a	nd Purpose of Pi	roject					
Renovate psychiat	ric department to	improve	patient safety and	d comfort and to provide a therapeutic			
environment.	-	-					
Round all amounts	s to the nearest \$.	1,000. Th	ne totals in Items	11 (Estimated Capital Costs) and 12			
(Proposed Funding	g Sources) must r	natch. Th	he proposed fund	ing sources must not include the value			
of real property un	iless an equivaler	nt value is	s shown under Es	timated Capital Costs.			
11. Estimated Ca	pital Costs						
Acquisition				0			
Design				\$125,000			
Construction				\$1,235,000			
Equipment				0			
			Total	\$1,360,000			
12. Proposed Fun	nding Sources –	(List all f	funding sources	and amounts.)			
	Source			Amount			
State funds				\$600,000			
Hospital capital bu	ldget			\$725,000			
Hospital Foundation	on	\$35,000					
-							

				Total				\$1,360,000		
13. Project Schedu	le									
Begin Design		· ·			egin Construction		Complete Construction			
7/04		/05			7/05			1/06		
			15. Current Number of People Served Annually at			16. Number of People to be				
Pledges Raised as of January 2005			ect Site	ed Annually a	•		Served Annually After the Project is Complete			
\$35,000				ients; 360 PHF	· · · · · · · · · · · · · · · · · · ·					
,										
17. Other State Capital Grants to Recipients in Past 15 YearsLegislative SessionAmountPurpose										
FY97	\$80	0,000	Emerg	ency Dept. Rel	t. Relocation and Expansion					
18. Legal Name and					Project Address (If Different)					
The North Arundel	<u> </u>	ociatio	on, Inc.	-	301 Hosptial Drive, Glen Burnie, MD 21061					
19. Contact Name a	and Title			Contact P		Email Address colroa@northarundel.org				
Colleen Roach			410-787-42	236	colro	a@northar	undel.org			
Vice President										
20. Legislative Dist	rict in Whic	h Proj	iact is I	ocated		32				
20. Legislative Dist 21. Legal Status of						52				
Local Govt.		For Pr			Profit		F	ederal		
		\Box			$\overline{\mathbf{X}}$					
22. Grantee Legal	Representat	ive		23. If Ma	tch Inc	ludes	Real Prop	erty:		
Name: Megan M	. Arthur			Has An	Has An Appraisal			es/No		
Phone: 410-328-1635				Been Done			?			
Address:				If Yes,	If Yes, List Appraisal Dates and Value					
University of Maryla		Systen	n							
250 W. Pratt Street, Baltimore, MD 21	201									
Datumore, wid 2	201									
24. Impact of Proje	ct on Staffi	ng and	Onera	ting Cost at P	roiect S	Site	<u> </u>			
Current # of		ojecte	A	Current	V		Projecte	d Operating		
		Employees			Budget		Budget			
46		46		\$2,275	\$2,275,082.00		\$2,366,085.00			
25. Ownership of l	Property (In	fo Req	uested b	y Treasurer's	Office f	for bon	d 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?NoD. If property is owned by grantee and any space is to be leased, provide the following:										
D. If property is ov	wned by gra	ntee a	nd any	space is to be	leased,	provi		0		
Lessee					Co	Cost	Square Footage			
				Terms of	f Lease	`	vered by Lease	Footage Leased		
							Lust	Lascu		
				I		1				

E. If property is leased by grantee – Provide the following:								
Name of Leaser	Length of Lease	Options to Renew						
26. Building Square Footage:	_							
Current Space GSF			6800					
Space to Be Renovated GSF			6800					
New GSF		6800						
27. Year of Construction of Any Structures Pro		1965						
Renovation, Restoration or Conversion								
28. Comments:								
Minor / cosmetic renovations in 1989.								