

Total			\$1,360,000	
13. Project Schedule				
Begin Design	Complete Design	Begin Construction	Complete Construction	
7/04	6/05	7/05	1/06	
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
\$35,000		840 inpatients; 360 PHP		840 inpatients; 360 PHP
17. Other State Capital Grants to Recipients in Past 15 Years				
Legislative Session	Amount	Purpose		
FY97	\$800,000	Emergency Dept. Relocation and Expansion		
18. Legal Name and Address of Grantee		Project Address (If Different)		
The North Arundel Hospital Association, Inc.		301 Hospital Drive, Glen Burnie, MD 21061		
19. Contact Name and Title		Contact Phone	Email Address	
Colleen Roach		410-787-4236	colroa@northarundel.org	
Vice President				
20. Legislative District in Which Project is Located			32	
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:	Megan M. Arthur	Has An Appraisal Been Done?	Yes/No	
Phone:	410-328-1635			
Address:		If Yes, List Appraisal Dates and Value		
University of Maryland Medical System				
250 W. Pratt Street, Suite 880				
Baltimore, MD 21201				
24. Impact of Project on Staffing and Operating Cost at Project Site				
Current # of Employees	Projected # of Employees	Current Operating Budget	Projected Operating Budget	
46	46	\$2,275,082.00	\$2,366,085.00	
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

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 Proposed for Renovation, Restoration or Conversion	1965
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28. Comments:

Minor / cosmetic renovations in 1989.