

Total			\$262,000	
13. Project Schedule				
Begin Design	Complete Design	Begin Construction	Complete Construction	
NA	NA	NA	NA	
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
\$90,000		over 11,000 patient visits annually - approximately 3500 patients		over 11,000 visits , approximately 3500 patients
17. Other State Capital Grants to Recipients in Past 15 Years				
Legislative Session	Amount	Purpose		
1994	\$40,000	Renovation of previous Clinic facility		
18. Legal Name and Address of Grantee		Project Address (If Different)		
Regional Community Health Care Center Foundation, Inc. 249 Mill Street Hagerstown, Maryland 21740				
19. Contact Name and Title		Contact Phone	Email Address	
Robin E. Roberson, Executive Director		301-733-9234	rroberson@myactv.net	
20. Legislative District in Which Project is Located			2	
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:	James Johnson	Has An Appraisal Been Done?	Yes/No	
Phone:	301-733-0122		Yes	
Address:		If Yes, List Appraisal Dates and Value		
20 W. Washington Street Hagerstown, MD 21740		06/12/2004	\$675,000	
24. Impact of Project on Staffing and Operating Cost at Project Site				
Current # of Employees	Projected # of Employees	Current Operating Budget	Projected Operating Budget	
9	9	\$440,000	\$440,000	
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
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			5388
Space to Be Renovated GSF			0
New GSF			0
27. Year of Construction of Any Structures Proposed for Renovation, Restoration or Conversion			N/A
28. Comments:			