State of Maryland Bond Bill Fact Sheet

| 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) | | re City) | 5. Requested Amount | | | |
| Calvert County | | | \$150,000 | | | |
| 6 Purpose of Rill | | | | | | |

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

Currenlty, 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.

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.

11. Estimated Capital Costs

| Acquisition | 300,000 |
|-------------|---------|

| Design | | | | | | | | 50,000 | | |
|--|--|----------------|---------|---------------|--------------------------------------|--|----------------------|-----------------------------|--|--|
| Construction | | | | | | | 550,000 | | | |
| Equipment | | | | | | | 100,000 | | | |
| Total | | | | | | | 1,000,000 | | | |
| 12. Prop | osed Fund | ing Sources | – (Lis | st all fu | nding sources | and am | ounts | •) | | |
| _ | | Sourc | e | | | | | Amount | | |
| Requested | d 2005 State | e Grant | | | | | | 150,000 | | |
| Requested | d Calvert C | ounty Grant | | | | | 150,000 | | | |
| In-Kind c | ontribution | s of land, sea | rvices, | furnish | ings, etc. | | 200,000 | | | |
| | ity fundrais | | | | | | 400,000 | | | |
| Calvert H | ospice fund | ls | | | | | 100,000 | | | |
| | | | | | | | | | | |
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| | | | | | /D . 4 . 1 | | | 1 000 000 | | |
| 12 Duois | at Cahadul | ام | | | Total | | | 1,000,000 | | |
| | ect Schedul Design | Comple | to Doc | ian | Pagin Const | muotion | | amplete Construction | | |
| | /04 | | 3/05 | agu | 04/05 | egin Construction | | Complete Construction 03/06 | | |
| | Private Fu | | | urrent | Number of | | mber of People to be | | | |
| | Raised as of | | | | ed Annually a | | | Annually After the | | |
| 2005 | | · Gurrant J | _ | ect Site | ou :===== | | | is Complete | | |
| | 360,619 | | | N/A | | | 36 | | | |
| 17. Other | State Cap | ital Grants | to Re | cipients | s in Past 15 Ye | ars | | | | |
| Legislati | Legislative Session Amount | | | | Purpose | | | | | |
| 1997 | | 12: | 5,000 | Acqui | sition of admin | istrative offices | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | Address of | f Gran | tee | Project Ad | | If Diff | erent) | | |
| Calvert H | - | | | | | 4559 Sixes Rd. | | | | |
| P.O. Box | | 20779 | | | Prince Fred | Prince Frederick, MD 20678 | | | | |
| Prince Frederick, MD 20678 | | | | | Contact P | . | | Email Address | | |
| 19. Contact Name and Title | | | | 410-535-08 | | Email Address lbonde@calverthospice.org | | | | |
| Lynn Bonde, Executive Director | | | | 410-333-00 | 392 | 100Huc @ Carverthospice.or | | | | |
| | | | | | | | | | | |
| 20. Legislative District in Which Project is Located | | | | | 27B | | | | | |
| | 20. Legislative District in which Project is Located 27B 21. Legal Status of Grantee (Please Check one) | | | | | | | | | |
| Local Govt. For Profit | | | · | Non Profit Fo | | Federal | | | | |
| 200 | | | | | | | | | | |
| 22. Grantee Legal Representative | | | | | 23. If Match Includes Real Property: | | | | | |
| Name: Christopher Reynolds, Esq. | | | | | Has An Appraisal Yes/No | | A V | | | |
| Phone: 410-535-9220 | | | | | Done? N/A | | | | | |

| Address: | | If Yes, List Appraisal Dates and Value | | | | | | |
|--|----------------------------|--|------------|-----------|------------------|--|--|--|
| P.O. Box 2809 | | / 1 | | | | | | |
| Prince Frederick, MD 20 | 678 | | | | | | | |
| , , , | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 24. Impact of Project or | n Staffing and Operating | Cost at Project Si | te | | | | | |
| Current # of | | | | | | | | |
| Employees | Employees | 1 0 | | | Budget | | | |
| 0 | 12 | | | | 00,000 | | | |
| 25. Ownership of Prop | erty (Info Requested by Tr | reasurer's Office fo | r bon | | , | | | |
| A. Will the grantee ow | n or lease the property to | be improved? | | Own | | | | |
| B. If owned, does the g | rantee plan to sell within | | | | No | | | |
| C. Does the grantee int | end to lease any portion | of the property to | ·s? | No | | | | |
| | d by grantee and any space | | | | owing: | | | |
| T T T | | | | Cost | Square | | | |
| Le | ssee | | Covered by | | Footage | | | |
| | | Terms of Lease | Lease | | Leased | | | |
| N/A | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| E. If property is leased | by grantee – Provide the | e following: | | | | | | |
| N | et | Length of | | 0.4 | . n | | | |
| Name o | f Leaser | Lease | | Options t | Options to Renew | | | |
| N/A | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 26. Building Square Fo | ootage: | | | | | | | |
| Current Space GSF | | | | | 0 | | | |
| Space to Be Renovated | GSF | | | | | | | |
| New GSF | | | | | 5,600 | | | |
| 27. Year of Construction of Any Structures Proposed for N/ | | | | | | | | |
| Renovation, Restoration or Conversion | | | | | | | | |
| 28. Comments: | | | | | | | | |
| | | | | | | | | |