State of Maryland 2006 Bond Bill Fact Sheet

| 1. Senate | | House | | 2. Name of Project | | | |
|---|--------|------------|------------|---|--|--|--|
| LR# | Bill # | LR# | Bill # | 2. Name of Project | | | |
| 3008 | SB695 | 1742 HB428 | | Creation of a State Debt – St. Mary's Hospital of St. | | | |
| | | | | Mary's County | | | |
| 3. Senate Bill Sponsors | | | | House Bill Sponsors | | | |
| Sen. Dyson | | | | St. Mary's County Delegation | | | |
| 4. Jurisdiction (County or Baltimore City) | | | nore City) | 5. Requested Amount | | | |
| St. Mary's County | | | | \$762,300.00 | | | |
| (D epul | | | | | | | |

6. Purpose of Bill

Authorizing the creation of a State debt to serve as a grant to the Board of Directors of St. Mary's Hospital of St. Mary's County, Inc. for the planning, design, renovation, expansion, repair, construction, and capital equipping of the behavioral health and medical/surgical units.

7. Matching Fund Requirements

The grantee shall provide and expend a matching fund. No part of the fund may consist of real property or in kind contributions. The fund may consist of funds expended prior to the effective date of the Act. Grantee is requesting 47.9% of \$1,591,131

8. Special Provisions

9. Description and Purpose of Grantee Organization (3000 characters maximum)

St. Mary's Hospital is a full service acute care hospital located in Leonardtown, Maryland, which is the sole acute care hospital serving the population of St. Mary's County, Maryland, whose mission is to uphold its tradition of caring by continuously promoting, maintaining, and improving health through education and services while insuring fiscal integrity.

10. Description and Purpose of Project (3000 characters maximum)

The project will provide for the renovation of a portion of St. Mary's Hospital to create a safer and more functional environment for its locked Behavioral Health Unit and Psychiatric Day Treatment Program. This project has at least a 15-year life and the property is owned by St. Mary's Hospital. A portion of the Medical/Surgical unit, adjacent to the Behavioral Health Unit, will also be renovated to enhance patient care and incorporate relocation of beds, already open to use but not readily accessible on the unit due to the distance from the nurses' station. The total physical capacity of beds will be reduced by four beds.

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 | 0 |
|--------------|-----------|
| Design | 113,236 |
| Construction | 1,411,286 |
| Equipment | 66,609 |
| Total | 1,591,131 |

12. Proposed Funding Sources – (List all funding sources and amounts.)

| Source | Amount |
|---|---------|
| Hospital Building Fund - Various stages of construction | 113,236 |
| Hospital Building Fund - Various stages of construction | 66,609 |

| Hospital Building | g Fund | d - Variou | ıs stag | ges of co | nstruction | 648,986 | | | | |
|--|---------|-------------|---------|-----------|-----------------|--|----------------------------|-------------------------|--|--|
| Maryland State Bond Program | | | | | 762,300 | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | Total | | | 1,591,131 | | |
| 13. Project Scho | edule | | | | | | | | | |
| Begin Design | | Comple | te De | sign | Begin Const | gin Construction Complete Construction | | | | |
| 7/1/06 | | 7/3 | 0/06 | | 8/1/0 | 6 | | 12/31/06 | | |
| 14. Total Private | e Fun | ds and | 15. (| Current | Number of | Sumber of People to be | | | | |
| Pledges Raised a | is of | | _ | | ed Annually a | | | | | |
| January 2006 | | | Proj | ject Site | | | Project is Complete | | | |
| Non | | | | | 422 | | | 422 | | |
| 17. Other State | | | | ecipient | ts in Past 15 Y | | | | | |
| Legislative Sess | ion | Amou | ınt | | Purpose | | | | | |
| None | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 40 7 137 | | | 0.0 | | | | (ICD: | 00 | | |
| 18. Legal Name | | | | | Project A | ddress | (If D ₁ | fterent) | | |
| St. Mary's Hospit 25500 Point Lool | | • | s Coui | nty | | | | | | |
| PO Box 527 | Kout K | coad | | | | | | | | |
| Leonardtown, Mo | 1 2065 | 50 | | | | | | | | |
| 19. Contact Nan | | | | | Contact P | hone | e Email Address | | | |
| Ms Christine R. V | | ı i i i i i | | | 301-475-6 | | chris | stine_wray@smhwecare.co | | |
| | , , ray | | | | | | | m | | |
| President and Ch | ief Ex | ecutive (| Officer | • | | | | | | |
| | | | | | | | | | | |
| 20. Legislative D | istric | t in Whi | ch Pr | oject is | Located | | 29 | | | |
| 21. Legal Status | of Gr | rantee (P | lease | Check o | ne) | | | | | |
| Local Govt | | F | or Pr | ofit | Non | Non Profit | | Federal | | |
| | | | | | | X | | | | |
| 22. Grantee Leg | al Rej | presenta | tive | | 23. If Ma | tch In | cludes | Real Property: | | |
| Name: Ober, Kaler, Grimes, and Shriver | | | | | Has An | Has An Appraisal Yes/No | | | | |
| Phone: 410-347-7362 | | | | Been | Been Done? | | No | | | |
| Address: | | | | | If Ye | s, List | Appr | aisal Dates and Value | | |
| Attention: Jack Eller | | | | | | | | | | |
| 120 E. Baltimore St, Suite 800 | | | | | | | | | | |
| Baltimore, Md 21202-1643 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 24. Impact of Pr | oiect | on Staffi | ัทg an | d Oner | ating Cost at | Projec | t Site | | | |

| Current # of Employees | Projected # of Employees | Current Operati Budget | • | ted Operating Budget .637,714 | |
|-------------------------------|-----------------------------|---------------------------|--------------------------|-------------------------------------|--|
| 19 | 19 21 6,686,789 | | | | |
| 25. Ownership of Pro | perty (Info Requested by | Treasurer's Office | for bond issuar | ice purposes) | |
| A. Will the grantee ov | own | | | | |
| | grantee plan to sell with | | | no | |
| | itend to lease any portion | | | no | |
| D. If property is owner | ed by grantee and any s | pace is to be leased | l, provide the f Cost | | |
| | Square | | | | |
| Le | ssee | Terms of | Covered by | Footage | |
| | | Lease | Lease | Leased | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| E. If property is lease | d by grantee – Provide | | | | |
| Name o | Length of Lease | Options to Renew | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 26. Building Square F | ootage: | | | | |
| Current Space GSF | | | 6,226 | | |
| Space to Be Renovated | l GSF | | | 8,000 | |
| New GSF | | | | 0 | |
| 27. Year of Constructi | | 1987 | | | |
| Renovation, Restoration | on or Conversion | | | | |
| 28. Comments: (3000 ch | | | | | |
| 28. Comments: (3000 cm | naracters maximum) | | | | |