

State of Maryland

2007 Bond Bill Fact Sheet

1. Senate		House		2. Name of Project
LR #	Bill #	LR #	Bill #	
3262	SB919	1613	HB221	Hospice House
3. Senate Bill Sponsors				House Bill Sponsors
Dyson				St. Mary's County Delegation
4. Jurisdiction (County or Baltimore City)				5. Requested Amount
St. Mary's				\$250,000
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 construction and capital equipping of St. Mary's County Hospice House.				
7. Matching Fund Requirements				
The grantee shall provide and expend a matching fund. No Part of the matching fund may consist of real property, in kind contributions, or funds expended prior to the effective date of the Act.				
8. Special Provisions				
None.				
9. Contact Name and Title			Contact Phone	Email Address
Kathy Franzen			301-475-6389	Kathryn_Franzen@smhwecare.com
10. Description and Purpose of Grantee Organization (3000 characters maximum)				
Hospice of St. Mary's provides care and comfort to the terminally ill of St. Mary's County and bereavement support to those families and the community.				
11. Description and Purpose of Project (3000 characters maximum)				
A Hospice House is a residential facility that provides twenty-four hour care for those at the end of life who can no longer be cared for in their own home.				
<i>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.</i>				
12. Estimated Capital Costs				
Acquisition				\$0
Design				\$127,000
Construction				\$1,798,000
Equipment				\$77,000
Total				\$2,002,000
13. Proposed Funding Sources – (List all funding sources and amounts.)				
Source				Amount
Fund Raising				1,627,000
State Grant				\$125,000
State Grant				\$250,000
Land Donation received				\$0

Total	\$2,002,000		
14. Project Schedule			
Begin Design	Complete Design	Begin Construction	Complete Construction
Spring 2006	November 2006	April 2007	November 2007
15. Total Private Funds and Pledges Raised as of January 2007	16. Current Number of People Served Annually at Project Site	17. Number of People to be Served Annually After the Project is Complete	
\$1,400,000	Hospice of St. Mary's served 323 patients in FY 06	Hospice of St. Mary's will serve 300 patient in the home and another 60 in the house.	
18. Other State Capital Grants to Recipients in Past 15 Years			
Legislative Session	Amount	Purpose	
1997-1998	\$50,000	Emergency Cash Flow Support	
19. Legal Name and Address of Grantee		Project Address (If Different)	
Hospice of St. Mary's P.O. Box 625 Leonardtown, MD 20650		44724 Shovel Head Lane Callaway, MD 20620	
20. Legislative District in Which Project is Located		29B	
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:	Christine R. Wray	Has An Appraisal Been Done?	Yes/No
Phone:	310-475-6001		Yes for Land Donation
Address:		If Yes, List Appraisal Dates and Value	
St. Mary's Hospital 25500 Point Lookout RD P.O. Box 527 Leonardtown, MD 20650		2002	\$162,000
24. Impact of Project on Staffing and Operating Cost at Project Site			
Current # of Employees	Projected # of Employees	Current Operating Budget	Projected Operating Budget
13.6FTE	23	FY 06 \$1,041,700	\$1,380,000
25. Ownership of Property (Info Requested by Treasurer's Office for bond issuance purposes)			
A. Will the grantee own or lease (pick one) 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
N/A			
E. If property is leased by grantee – Provide the following:			
Name of Leaser	Length of Lease	Options to Renew	
N/A			
26. Building Square Footage:			
Current Space GSF			
Space to Be Renovated GSF			
New GSF	12,000		
27. Year of Construction of Any Structures Proposed for Renovation, Restoration or Conversion		N/A	
28. Comments: (3000 characters maximum)			
Active Capitol Campaign underway to raise funds and inkind contributions by the builders in our community.			