

**State of Maryland**  
**2009 Bond Bill Fact Sheet**

<b>1. Senate</b> LR #      Bill #		<b>House</b> LR #      Bill #		<b>2. Name of Project</b>
<b>3. Senate Bill Sponsors</b>				<b>House Bill Sponsors</b>
<b>4. Jurisdiction</b> (County or Baltimore City)				<b>5. Requested Amount</b>
<b>6. Purpose of Bill</b>				
<b>7. Matching Fund</b>				
Requirements:	Type:			
<b>8. Special Provisions</b>				
<input type="checkbox"/> Historical Easement		<input type="checkbox"/> Non-Sectarian		
<b>9. Contact Name and Title</b>		<b>Contact Phone</b>	<b>Email Address</b>	
<b>10. Description and Purpose of Grantee Organization</b> (Limit Length to Visible area)				

## 11. Description and Purpose of Project (Limit Length to Visible area)

Round all amounts to the nearest \$1,000. The totals in Items 12 (Estimated Capital Costs) and 13 (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.

## 12. Estimated Capital Costs

Acquisition	
Design	
Construction	
Equipment	
Total	

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

**14. Project Schedule**

Begin Design	Complete Design	Begin Construction	Complete Construction

**15. Total Private Funds and Pledges Raised****16. Current Number of People Served Annually at Project Site****17. Number of People to be Served Annually After the Project is Complete****18. Other State Capital Grants to Recipients in Past 15 Years**

Legislative Session	Amount	Purpose

**19. Legal Name and Address of Grantee****Project Address (If Different)**

--	--

**20. Legislative District in Which Project is Located**

--	--

**21. Legal Status of Grantee (Please Check one)**

Local Govt.	For Profit	Non Profit	Federal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22. Grantee Legal Representative****23. If Match Includes Real Property:**

<b>Name:</b>		<b>Has An Appraisal Been Done?</b>	Yes/No
<b>Phone:</b>			
<b>Address:</b>		<b>If Yes, List Appraisal Dates and Value</b>	

**24. Impact of Project on Staffing and Operating Cost at Project Site**

Current # of Employees	Projected # of Employees	Current Operating Budget	Projected Operating Budget

**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?****B. If owned, does the grantee plan to sell within 15 years?****C. Does the grantee intend to lease any portion of the property to others?****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****Space to Be Renovated GSF****New GSF****27. Year of Construction of Any Structures Proposed for Renovation, Restoration or Conversion**

**28. Comments: (Limit Length to Visible area)**