State of Maryland 2009 Bond Bill Fact Sheet

1. Senate LR#	Bill #	House LR#	Bill#	2. Name of Project	t		
3. Senate	Bill Sponso	ors		House Bill Sponsor	'S		
4 Iuwiadi	ation (Coun	ty or Doltin	moro City)				
4. Jurisui	ction (Coun	ty of Baltin	note City)	5. Requested Amo	unt		
6. Purpos	e of Bill						
7. Match	ing Fund						
Requiremen	ts:	Γ	Type:				
	1 D • •						
8. Specia	1 Provisions						
Hi	storical Eas	ement		Non-Sectarian			
Hi		ement		Non-Sectarian Contact Phone	Email Address		
Hi	storical Eas	ement			Email Address		
Hi	storical Eas	ement			Email Address		
9. Contac	storical Eas	ement Title		Contact Phone			
9. Contac	storical Eas	ement Title	f Grantee O				

11. Description and Purpose of Project (Limit Length to Visi	ible area)
Round all amounts to the nearest \$1,000. The totals in Items 12 (Estimates)	
Sources) must match. The proposed funding sources must not include to value is shown under Estimated Capital Costs.	he value of real property unless an equivalent
12. Estimated Capital Costs	
Acquisition	
Design	
Construction	
Equipment	
Total	
13. Proposed Funding Sources – (List all funding source	es and amounts)
Source	Amount
Total	

14. Project Sched	ule							
Begin Design	Comple	Complete Design		Begin Construction		Complete Construction		
15. Total Private I	unds and	16. Curr	ent	Number of	17.	Number of People to be		
Pledges Raised		People S	erv	ed Annually at	Served Annually After the			
		Project S	Site		Project is Complete			
18. Other State Ca	nital Grant	s to Recin	ien	ts in Past 15 Year	<u> </u> S			
Legislative Sessio						pose		
9								
10 I	J A JJ	• • • • • • • • • • • • • • • • • • •	_	Description Address	(If	D:ff		
19. Legal Name an	ia Aaaress (of Grante	2	Project Addre	SS (11	Different)		
20. Legislative Dis	trict in Whi	ch Projec	t ic	 Located				
20. Legislative Dis	ti ict iii ** iii	en i rojec	t 13	Located				
21. Legal Status of	Grantee (P	lease Chec	ck o	one)				
Local Govt.	`	r Profit		Non Profi	t	Federal		
Eocar Gove.					Teuerun			
22. Grantee Legal	Representa	 tive		23. If Match Inc	lude	s Real Property:		
Name:			Has An Appraisal Been Done?		Yes/No			
Phone:								
Address:				If Yes, List	t App	oraisal Dates and Value		

24. Impact of Project of	on Staffing and Opera	ting Cost at Project	Site			
Current # of	Projected # of	Current Operati	ing Projected Operating			
Employees	Employees	Budget			Budget	
25. Ownership of Pro	nerty (Info Requested	by Treasurer's Office	for b	ond issuan	ice purposes)	
A. Will the grantee ov		~			, p	
B. If owned, does the						
C. Does the grantee in	tend to lease any por	tion of the property				
D. If property is owne					ollowing:	
1 1 0				Cost	Square	
Le	Lessee		Co	vered by	Footage	
		Lease		Lease	Leased	
E. If property is lease	d by grantee – Provid	e the following:				
Name of Leaser Length of Options to Rer				s to Renew		
Tvaine (JI Leasei	Lease		Options	to Renew	
26. Building Square F	Tootage:					
Current Space GSF						
Space to Be Renovated	d GSF					
New GSF						
27. Year of Constructi	on of Any Structures	Proposed for				
Renovation, Restoration	on or Conversion					

28. Comments: (Limit Length to Visible area)