

# State Of Maryland

## 2025 Bond Initiative Fact Sheet

<b>1. Name Of Project</b>		
Wicomico Nursing Home		
<b>2. Senate Sponsor</b>	<b>3. House Sponsor</b>	
Mautz	Sample-Hughes	
<b>4. Jurisdiction</b> (County or Baltimore City)	<b>5. Requested Amount</b>	
Wicomico County	\$300,000	
<b>6. Purpose of Bond Initiative</b>		
the acquisition, planning, design, construction, repair, renovation, reconstruction, site improvement, and capital equipping of the Wicomico Nursing Home including roof replacement		
<b>7. Matching Fund</b>		
Requirements:	Type:	
Grant		
<b>8. Special Provisions</b>		
<input type="checkbox"/> Historical Easement	<input checked="" type="checkbox"/> Non-Sectarian	
<b>9. Contact Name and Title</b>	<b>Contact Ph#</b>	<b>Email Address</b>
Patricia Leone-Tincher		410-742-8896
<b>10. Description and Purpose of Organization</b> (Limit length to visible area)		
<p>Wicomico Nursing Home is a 102-bed skilled nursing facility. We are a non-profit facility and owned by Wicomico County. We serve Wicomico residents as well as area communities. We provide long-term care and short-term rehabilitation. The building was established in 1965 and founded by PHI-Delta sorority. They initially raised funds and met with county officials. A member of the sorority was in search of a facility that would accept Afro-American individuals and there was none.</p>		

**11. Description and Purpose of Project (Limit length to visible area)**

The purpose of this project is to replace the existing roof. The roof leaks in several areas. The main areas are the kitchen, dining room and service hall. The kitchen which has a flat roof was replaced in 1999. Our A-wing was replaced in the spring of 2005. The b-wing was replaced in 2013. The total square footage of the entire roof is 44,125. The breakdown is as follows A-wing-21,708, B-wing is 19,974, Flat roof -2,417.

*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**

<b>Acquisition</b>	
<b>Design</b>	
<b>Construction</b>	\$436,000
<b>Equipment</b>	\$39,000
<b>Total</b>	\$475,000

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

The 300,000 from the bond money	\$300,000
The other source is the facility	\$175,000
<b>Total</b>	\$475,000

<b>14. Project Schedule (Enter a date or one of the following in each box. N/A, TBD or Complete)</b>			
<b>Begin Design</b>	<b>Complete Design</b>	<b>Begin Construction</b>	<b>Complete Construction</b>
		TBD	TBD
<b>15. Total Private Funds and Pledges Raised</b>	<b>16. Current Number of People Served Annually at Project Site</b>	<b>17. Number of People to be Served Annually After the Project is Complete</b>	
	1000	1000	
<b>18. Other State Capital Grants to Recipients in the Past 15 Years</b>			
<b>Legislative Session</b>	<b>Amount</b>	<b>Purpose</b>	
	\$0		
<b>19. Legal Name and Address of Grantee</b>		<b>Project Address (If Different)</b>	
900 Booth St Salisbury,MD 21801			
<b>20. Legislative District in Which Project is Located</b>	37B - Caroline, Dorchester, Talbot, and Wicomico Counties		
<b>21. Legal Status of Grantee (Please Check One)</b>			
<b>Local Govt.</b>	<b>For Profit</b>	<b>Non Profit</b>	<b>Federal</b>
[ ]	[ ]	[ X ]	[ ]
<b>22. Grantee Legal Representative</b>		<b>23. If Match Includes Real Property:</b>	
<b>Name:</b>	Patricia Leone-Tincher	<b>Has An Appraisal Been Done?</b>	Yes/No
<b>Phone:</b>	8609902710		
<b>Address:</b>		<b>If Yes, List Appraisal Dates and Value</b>	

<b>24. Impact of Project on Staffing and Operating Cost at Project Site</b>			
<b>Current # of Employees</b>	<b>Projected # of Employees</b>	<b>Current Operating Budget</b>	<b>Projected Operating Budget</b>
103	110	3000000.00	3500000.00
<b>25. Ownership of Property</b> (Info Requested by Treasurer's Office for bond purposes)			
<b>A. Will the grantee own or lease (pick one) the property to be improved?</b>			Own
<b>B. If owned, does the grantee plan to sell within 15 years?</b>			No
<b>C. Does the grantee intend to lease any portion of the property to others?</b>			No
<b>D. If property is owned by grantee any space is to be leased, provide the following:</b>			
<b>Lessee</b>	<b>Terms of Lease</b>	<b>Cost Covered by Lease</b>	<b>Square Footage Leased</b>
<b>E. If property is leased by grantee - Provide the following:</b>			
<b>Name of Leaser</b>	<b>Length of Lease</b>	<b>Options to Renew</b>	
<b>26. Building Square Footage:</b>			
<b>Current Space GSF</b>			
<b>Space to be Renovated GSF</b>			
<b>New GSF</b>			

<b>27. Year of Construction of Any Structures Proposed for Renovation, Restoration or Conversion</b>	
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<b>28. Comments</b>	
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The facility is a non-profit organization. We are here to provide quality care for the residents of this facility and community residents when they are in need of our services. The sorority who founded this facility is still very supportive. They donate financially during the holiday season to the facility for our residents and also donate their time. The facility is an integral part of the community and is supported by the community. The bond monies would help us substantially towards completing this project of replacing the roof.