Maryland General Assembly Legislative Bond Initiative Request Form

Click here for **Guidelines**

Project Information			
Project Name:			
Project Location County:			
Project Location Address:		(Street)	
- -		(C: MD 7:)	
Please list the year of any pro	evious bond bills or ini	tiatives for this project:	
Total Amount Requested: \$			
Briefly describe the purpose	and reason for the proj	ect:	
Applicant Information			
Legal Name of Grantee: _			
		y as registered with the State Department of Assessments and Taxa local government, give legal name as chartered.)	tion:
Legal Status of Grantee: If other, please expla	· -	□ Non-profit □ Local government □ Other	
Grantee is governed l If other, please expla	•	etors Board of Trustees Other	
Does the project, project proper	erty or recipient have a	ny religious affiliation or involvement? Yes	lo
Project Contact Information:			
Project Contact Name:		Address:	
Project Contact Email:			
Project Contact Phone:			
Please submit this form to	o your Legislator fo	or approval.	
Sponsor Information – TO I	BE FILLED-IN BY SI	PONSOR STAFF ONLY	
Sponsor Senator or [Delegate		
Sponsor Name:		Email:	
Co-Sponsors Information (2 m	ax)	г. 1	
Co-Sponsor 1 Name:			
Co-Sponsor 2 Name:		Email:	
(Opposite Chamber)			
Cross-File Sponsor Name: _			
Cross-File Sponsor 2 Name:			
Cross-File Sponsor 3 Name:		Email:	

Legislators, please submit this form to LegislativeBondInitiative@mlis.state.md.us.