

Maryland General Assembly Legislative Bond Initiative Request Form

Project Name:

Amount Requested:

Contact Person

Project Location:

Name:

Address:

Phone Number:

Email:

Legal Name of Recipient (If a corporation, please give name exactly as it appears in the Articles of Incorporation as registered with the State Department of Assessments and Taxation):

Legal Status of Recipient (e.g., corporation, local government):

If the recipient is a non-governmental entity, is it governed by:

Board of Directors

Board of Trustees

Other. If other, please explain:

Address of Project and Recipient (If project and recipient have different address, include both)

Briefly describe the purpose and reason for the project:

Amount of Matching Fund:

Equal match (this also includes an amount higher than that of the bond requested)

Unequal match (less than the amount of the bond requested)

Amount of unequal match:

No match

Type of Matching Fund:

Money

In kind (e.g., donated services)

Real property

Funds expended before June 1

Does the project or recipient have any religious affiliation or involvement?

Yes

No

Please list the year of any previous bond bills or initiatives.