

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

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

Yes

No

Please list the year and bill number of any previous bond bills.