STATE OF MARYLAND BOARD OF PUBLIC WORKS

(Submit a separate application for each grant award.)

1. NAME OF BOND BILL:		2	2. LEGISLATIVE DISTRICT:
3. CHAPTER NO:	4. YEAR AUTHORIZED:	:	5. DGS ITEM NO.
MATCH AMOUNT: \$		Show this amount	only in <u>State Grant Column - Page 2</u>) ≡
7. LEGAL NAME OF GRANTE	E ORGANIZATION:		
8 ADDRESS OF GRANTEE:			
9. PROJECT TITLE:			
10. PROJECT ADDRESS:			
	rty, but has a long-term lease. Inc e project property. Property own NER of the real property	dicate term: er name: to be improved	
Name:	Email:		Phone:
12. ESTIMATED PROJECT SCH	EDULE: Design Start		End
	Construction Start		End
if necessary):		·	onstruction Details, use additional sheets,
14. A. IS THIS PROJECT SUBJI (Wage rates apply if the constructs)			
B. IS THIS PROJECT SUBJECT I (SATF apply if the Grantee prospondent)			FUND (SATF) YES NO Is <u>and</u> if the construction contract is

15. DOES THIS PROJECT REQUIRE A PRESERVATION EASEMENT TO THE HISTORICAL TRUST:		
INSTORICAL TRUST.	YES	NO

Page 2 of 2

CAPITAL PROJECT GRANT APPLICATION

TOTAL ESTIMATED PROJECT BUDGET

	THIS	OTHER	TOTAL
16. ITEM	STATE GRANT	<u>FUNDS</u>	COST
A. Construction Cost (Including Fixed Equipment)	<u>\$</u>	<u>\$</u>	<u>\$</u>
B. Equipment and Furnishings Not Fixed **(Attach a listing which includes the cost of each item)	<u>\$</u>	<u>\$</u>	<u>\$</u>
C. Architect/Engineer Fees	<u>\$</u>	<u>\$</u>	<u>\$</u>
D. Land	<u>\$</u>	<u>\$</u>	<u>\$</u>
E. Total	<u>\$</u>	<u>\$</u>	<u>\$</u>

17. C. YOU ARE ENCOURAGED TO SOLICIT MBE ENTERPRISES. WILL THIS PROJECT UTILIZE MBE ENTER TO PROVIDE CONSTRUCTION, GOODS AND/OR SERVICES? YES NO	PRIZI
17. CONTACT PERSON'S NAME:	
18. PHONE NUMBER:	
19. FAX NUMBER:	
20. EMAIL:	
NAME OF GRANTEE ORGANIZATION	
DATE	
<< SIGNATURE >> AUTHORIZED REPRESENTATIVE	

<< PRINTED NAME AND TITLE >> AUTHORIZED REPRESENTATIVE