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 Incorporation as registered with the State De	n, please give name exactly as it appears in the Articles of partment of Assessments and Taxation):
Legal Status of Recipient (e.g., corporation	on, local government):
If the recipient is a non-government	al entity, is it governed by:
Board of Directors	Board of Trustees
Other. If other, please explain:	
Address of Project and Recipient (If pro	oject and recipient have different address, include both)
Briefly describe the purpose and reason	on 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 a	amount of the bond requested)
Amount of unequal match:	
No match	
Type of Matching Fund:	- 1
Money	In kind (e.g., donated services)
Real property	Funds expended before June
Does the project or recipient have any	
Yes	No
<u>Please list the year and bill number o</u>	<u>f any previous bond bills.</u>