		ve Bond Initiative Reques	t Form
Project Name: Expansion Living in Recovery Ellicott City		Amount Requested: \$75,000	
Contact Person		Project Location: Howard	-
Name:	Jessica Matthews		
Address:	6406 Beechwood Dr. Columbia,	MD 21046	
Phone Num	ber: <i>(443)538-4909</i>		
Email:	jmmatthews.lir@gmail.com		
	Recipient (If a corporation, please gregistered with the State Department of	ive name exactly as it appears in the Arti of Assessments and Taxation):	icles of
Living in Recover	ry Inc.		
Legal Status of	Recipient (e.g., corporation, local go	vernment):	
Nonprofit Organ	ization		
If the recipie	nt is a non-governmental entity,	is it governed by:	
✓ Board of	Directors B	soard of Trustees	
Other. If	other, please explain:		
Address of Pro	ject and Recipient (If project and re	ecipient have different address, include bo	oth)
Project: 308 Rog	ers Avenue Ellicott City, MD 21043 Centre Park Drive Columbia, MD 210		
Briefly describ	e the purpose and reason for the	project:	
The reason for the accountability fo	nis project is to provide safe, affordab r persons newly recovering from subs g In Recovery's existing model, genero		
The purpose is to initiative will proceed completing SUD	ovide 18 additional living quarters, fo	g a down payment for real property. Thi r persons seeking long term recovery af	is fter
Amount of Ma	tching Fund:		
🖊 Equal m	natch(this also includes an amount hig	gher than that of the bond requested)	
Unequa	l match (less than the amount of	the bond requested)	
Amou	nt of unequal match:		
No mate	ch		
Type of Match			
Money	_	n kind (e.g., donated services)	
Real pro		Funds expended before June	
	ct or recipient have any religious		
Yes Please list the	year and bill number of any pre-	No	
$\frac{1}{N/a}$	year and our number of any pre-	vious politi bilis.	