## Maryland General Assembly Legislative Bond Initiative Request Form

Project Name: Enh	hancing Developmental Disab vices by Remodeling Gerwig	ility Amount Requested: \$150,000
Contact Person		Project Location: Howard
Name:	Diana Ellis	
Address:	6355 Woodside Ct., Columb	ia, MD 21046
Phone Number	: 410-381-7171	
Email:	dellis@humanim.org	
		se give name exactly as it appears in the Articles of ent of Assessments and Taxation):
Humanim, Inc.		
Legal Status of Re	ecipient (e.g., corporation, loca	al government):
501 (c) 3 / non-profi	t corporation	
If the recipient:	<u>is a non-governmental en</u>	city, is it governed by:
Board of Dia	rectors	Board of Trustees
Other. If oth	ner, please explain:	
Address of Projec	t and Recipient (If project a	nd recipient have different address, include both)
		Gerwig Lane, Columbia, MD 21046 , 6355 Woodside Ct., Columbia, MD 21046
Briefly describe the	he purpose and reason for	the project:
Disability Services I facilities to meet the psychiatric disability functionality for spedesign is to rehability	Division serving Howard Cou needs of adults who have bee y. In addition to creating a m cific needs (i.e. changing roo tate the building to enable be	"facility which houses its Developmental nty. This project will expand and improve the n diagnosed with a developmental and/or ore welcoming space and improving facility n with adult changing table), the focus of the ter community integration, and enhance client in the new "mock apartment" space.
Amount of Match	ing Fund:	
<b>✓</b> Equal mate	$\mathrm{ch}(\mathrm{this}\ \mathrm{also}\ \mathrm{includes}\ \mathrm{an}\ \mathrm{amour}$	t higher than that of the bond requested)
Unequal m	atch (less than the amoun	nt of the bond requested)
Amount of unequal match:		
No match		
Type of Matching	Fund:	
<b>✓</b> Money	Ļ	In kind (e.g., donated services)
Real prope	rty	Funds expended before June
	or recipient have any relig	ious affiliation or involvement?
Ŭ Yes ✓ No		
-	ar and bill number of any	previous bond bills.
$N\!/\!A$		