Maryland General Assembly Legislative Bond Initiative Request Form

Project Name:	Amount Requested:
Contact Person	Project Location:
Name:	
Address:	
Phone Number:	
Email:	
<u>Legal Name of Recipient</u> (If a corporation, p Incorporation as registered with the State Depar	please give name exactly as it appears in the Articles of rtment of Assessments and Taxation):
<u>Legal Status of Recipient</u> (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: <u>Address of Project and Recipient</u> (If project	ct and recipient have different address, include both)
Briefly describe the purpose and reason	for the project:
Amount of Matching Fund:	
	ount higher than that of the bond requested)
Unequal match (less than the ame Amount of unequal match:	
No match	
Type of Matching Fund:	In kind (e.g., donated services)
Money	Funds expended before June 1
Real property	-
Does the project or recipient have any re Yes	No
Place list the year of any provious hand	