

Review the Example Intake Form to understand the information grantees must submit during the intake process. Required information and documents are dependent upon your grant type.

THIS IS FOR INFORMATIONAL PURPOSES ONLY.

Maryland Capital Grants

DO NOT COMPLETE THIS DOCUMENT.

Grant and Legislative Details -

Please tell us more about your grant by completing the following information.



Type of Funding *

- MCCBL
- PAYGO
- Capital Appropriation

Verify Grant # and Project Title from above: *

Limit: 300 characters

Name of Bond Bill *

Chapter Number *

Year Authorized *

DGS Item Number

Grant Amount

\$ USD

Terms *

- Matching
- Non-matching

Description Based on Legislation

Grant Type *

- MCCBL
- Cap Approp/PayGo
- Other

Grantee Organization Information -

Please provide information about the grantee organization. Do not enter the project address in this section. Project details will be captured later in the process.

Legal Name of Grantee Organizaion

Type of Organization

Legal Address of Grantee Organization (Number, Street Name) *

Address of Grantee Organization (Suite #, Office #, Room #) *

City *

County *

State *

- Maryland

Zip Code *

Main Phone Number *

Website *

Social Media: Twitter Facebook Instagram LinkedIn *

Employer Identification Number (EIN) *

Attach a completed W9 for the Grantee Organization. *

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Mission Statement *

Organization Description *

Population Served *

If you want to pull stats on this, a single or multiple response question with a list of options will ensure standard answers that we can graph.

Authorized Representative Information -

Please tell us who the authorized representative will be for the grant and 2 alternative points of contact. The authorized representative is the individual authorized to conduct transactions related to this grant. The alternative points of contact will receive grant-related correspondence and requests in the absence of the authorized representative. Note that only the authorized representative with the online grantee portal account will be allowed to complete transactions including, submit requests, including intake documents, contract eligibility review requests, payment requests, etc.

Authorized Representative -- Main Point of Contact *

First Name

Last Name

Position Title *

Phone # *

Email *

1st Alternative Point of Contact *

First Name

Last Name

Position Title *

Phone # *



Email *

2nd Alternative Point of Contact *

First Name

Last Name

Position Title *

Phone # *



Email *

Grant Project Sponsor(s) -

Please tell us the State of Maryland Official(s) that sponsored your grant (Legislative Bond Initiative or Capital Appropriation).

Project Sponsor Name *

- option one
- option two
- option three

Project Sponsor's Legislative District *

Project Sponsor's Congressional District *

Property Acquisition

Will grant funds be used to acquire property (purchase property)? *

- Yes
 No

Grant Use and Impact -

Please share specific details on how you plan to use the grant funds and the impact on the population served by your organization. Do NOT copy and paste the legislation. For Example: "To help with the renovation of the existing special care nursery to include: (5) double occupancy patient care rooms to house up to 10 patients, a nurse station, physician & staff lounges, a locker room, and associated support spaces. These upgrades will modernize the space to provide a more patient & family-friendly environment."

In 4 to 6 sentences, share how you plan to use the grant funds and the impact. *

Project Details

Project Address (Number, Street Name) *

Project Address (Suite #, Office #, Room #)

Project City *

Project County

Project State *

- Maryland

Project Zip Code *

Project Legislative District *

Project Congressional District *

Grantee Interest in Real Property to Be Improved With Grant. Select one of the following: *

- Grantee organization is the sole owner
- Grantee organization is a co-owner
- Grantee does not own the property, but has a long-term lease
- Grantee does not own or lease the project property
- Do not own the property; will use funds to acquire property

Attach PDF of Real Property Search - Verify property ownership of the project location(s) through the Maryland Department of Assessments and Taxation (SDAT) *

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Does this project require a preservation easement from the Maryland Historical Trust (MHT)? *

- Yes
- No

Certificate of Insurance

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Do you have another project location to add? *

- Yes
- No

Additional Documents and Information

Good standing - PDF Attachment *

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Affidavit (Religious) *

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Affidavit (Not for Lobbying) *

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Match documentation (if required)

Select up to 5 files to attach. No files have been attached yet. You may add 5 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Corporate Diversity Addendum *

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

Will this project utilize Minority Business Enterprises (MBE) to provide construction, goods and services? *

- Yes
- No

Wage rates apply if the construction contract is \$500,000 or more and State funds will be used to pay for 50% or more of the contract. Is this project subject to the state prevailing wage law? *

- Yes

No

State Apprenticeship Training Fund (SATF) applies if the Grantee's project receives \$1,000,000.00 in State grant funds and if the construction contract is \$500,000 or more. Is this project subject to the state apprenticeship training fund (SATF)? *

Yes

No

ACH form - link in checklist and details on requirements, first check paper, etc.

Legislative District *

Select... ▼

[Find your district here](#)

Save Draft

Submit Form

NOT EXAMPLE COMPLETE