

**STATE OF MARYLAND
BOARD OF PUBLIC WORKS**

(Submit a separate application for each grant award.)

1. NAME OF BOND BILL:		2. LEGISLATIVE DISTRICT:	
3. CHAPTER NO:	4. YEAR AUTHORIZED:	5. DGS ITEM NO.	
6. GRANT AMOUNT: \$ _____ Show this amount only in <u>State Grant Column - Page 2</u>) ≡ MATCH AMOUNT: \$ _____			
7. LEGAL NAME OF GRANTEE ORGANIZATION:			
8. ADDRESS OF GRANTEE:			
9. PROJECT TITLE:			
10. PROJECT ADDRESS:			
11. GRANTEE INTEREST IN REAL PROPERTY TO BE IMPROVED WITH GRANT: ___ Grantee organization is the sole owner. ___ Grantee organization is a co-owner. Co-owner name: _____ ___ Grantee does not own the property, but has a long-term lease. Indicate term: _____ years and provide a copy of lease. ___ Grantee does not own or lease the project property. Property owner name: _____ <u>*If you are not the SOLE OWNER of the real property to be improved with the grant funds, the owner of the property will have to sign the Grant Agreement as the Beneficiary. Please provide their name and contact information:</u> Name: _____ Email: _____ Phone: _____			
12. ESTIMATED PROJECT SCHEDULE: Design Start _____ End _____ Construction Start _____ End _____			
13. DETAILED PROJECT DESCRIPTION AND SCOPE (Include Purpose and Construction Details, use additional sheets, if necessary): 			
14. A. IS THIS PROJECT SUBJECT TO THE STATE PREVAILING WAGE LAW: YES _____ NO _____ (Wage rates apply if the construction contract is \$500,000 or more <u>and</u> State funds will be used to pay for 50% or more of the contract.) B. IS THIS PROJECT SUBJECT TO THE STATE APPRENTICESHIP TRAINING FUND (SATF) YES _____ NO _____ (SATF apply if the Grantee project receives \$1,000,000.00 in State grant funds <u>and</u> if the construction contract is \$500,000 or more.)			

15. DOES THIS PROJECT REQUIRE A PRESERVATION EASEMENT TO THE MARYLAND HISTORICAL TRUST:

YES _____ NO _____

CAPITAL PROJECT GRANT APPLICATION

TOTAL ESTIMATED PROJECT BUDGET

	THIS	OTHER	TOTAL
16. ITEM	<u>STATE GRANT</u>	<u>FUNDS</u>	<u>COST</u>
<u>A. Construction Cost (Including Fixed Equipment)</u>	\$	\$	\$
<u>B. Equipment and Furnishings Not Fixed</u> <u>** (Attach a listing which includes the cost of each item)</u>	\$	\$	\$
<u>C. Architect/Engineer Fees</u>	\$	\$	\$
<u>D. Land</u>	\$	\$	\$
<u>E. Total</u>	\$	\$	\$

17. C. YOU ARE ENCOURAGED TO SOLICIT MBE ENTERPRISES. WILL THIS PROJECT UTILIZE MBE ENTERPRISES TO PROVIDE CONSTRUCTION, GOODS AND/OR SERVICES? YES NO

17. CONTACT PERSON'S NAME:
18. PHONE NUMBER:
19. FAX NUMBER:
20. EMAIL:

NAME OF GRANTEE ORGANIZATION

DATE

<< SIGNATURE >>
AUTHORIZED REPRESENTATIVE

<< PRINTED NAME AND TITLE >>
AUTHORIZED REPRESENTATIVE