

**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: <input type="checkbox"/> Grantee organization is the sole owner. <input type="checkbox"/> Grantee organization is a co-owner. Co-owner name: _____ <input type="checkbox"/> Grantee does not own the property, but has a long-term lease. Indicate term: _____ years and provide a copy of lease. <input type="checkbox"/> Grantee does not own or lease the project property. Property owner name: _____			
12. ESTIMATED PROJECT SCHEDULE: Design Start _____ End _____ <div style="text-align: center;">Construction Start _____ End _____</div>			
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 <i>and</i> 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 <i>and</i> if the construction contract is \$500,000 or more.)			
15. DOES THIS PROJECT REQUIRE A PRESERVATION EASEMENT TO THE MARYLAND HISTORICAL TRUST: <div style="text-align: right;">YES ___ NO ___</div>			

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

NAME OF GRANTEE ORGANIZATION

DATE

 << SIGNATURE >>
AUTHORIZED REPRESENTATIVE

 << PRINTED NAME >>
AUTHORIZED REPRESENTATIVE

 << TITLE >>
AUTHORIZED REPRESENTATIVE

