**STATE OF MARYLAND**  
**BOARD OF PUBLIC WORKS**  
**CAPITAL PROJECT GRANT APPLICATION**

*(Submit a separate application for each grant award.)*

<table>
<thead>
<tr>
<th>1. NAME OF BOND BILL:</th>
<th>2. LEGISLATIVE DISTRICT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. CHAPTER NO:</td>
<td>4. YEAR AUTHORIZED:</td>
</tr>
<tr>
<td>6. GRANT AMOUNT:</td>
<td>Show this amount only in State Grant Column - Page 2</td>
</tr>
<tr>
<td>7. MATCH AMOUNT:</td>
<td></td>
</tr>
</tbody>
</table>

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 (minimum of 15 yrs.).
- Grantee does not own or lease the project property. Property owner name: 

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. IS THIS PROJECT SUBJECT TO THE STATE PREVAILING WAGE LAW: 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.)

15. DOES THIS PROJECT REQUIRE A PRESERVATION EASEMENT TO THE MARYLAND HISTORICAL TRUST: YES _____ NO _____
## CAPITAL PROJECT GRANT APPLICATION

### TOTAL ESTIMATED PROJECT BUDGET

<table>
<thead>
<tr>
<th>ITEM</th>
<th>STATE GRANT</th>
<th>FUNDS</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Construction Cost (Including Fixed Equipment)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>B. Equipment and Furnishings Not Fixed <strong>(Attach a listing which includes the cost of each item)</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>C. Architect/Engineer Fees</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>D. Land</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>E. Total</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### CONTACT PERSON'S NAME:

### PHONE NUMBER:

### FAX NUMBER:

### EMAIL:

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**NAME OF GRANTEE ORGANIZATION**

---

**DATE**

**<< SIGNATURE >>**

AUTHORIZED REPRESENTATIVE

---

**<< PRINTED NAME >>**

AUTHORIZED REPRESENTATIVE

---

**<< TITLE >>**

AUTHORIZED REPRESENTATIVE

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Rev. 04-26-10