

# Maryland General Assembly Legislative Bond Initiative Request Form

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## Project Information

Project Name: \_\_\_\_\_  
Project Location County: \_\_\_\_\_  
Project Location Address: \_\_\_\_\_ (Street)  
\_\_\_\_\_ (City, MD Zip)

Please list the year of any previous bond bills or initiatives for this project:

\_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

Briefly describe the purpose and reason for the project:

\_\_\_\_\_

## Applicant Information

Legal Name of Grantee: \_\_\_\_\_  
*(If a corporation or non-profit organization, give name exactly as registered with the State Department of Assessments and Taxation: <https://egov.maryland.gov/BusinessExpress/EntitySearch>. If a local government, give legal name as chartered.)*

Legal Status of Grantee:  Corporation  Non-profit  Local government  Other

If other, please explain: \_\_\_\_\_

Grantee is governed by:  Board of Directors  Board of Trustees  Other

If other, please explain: \_\_\_\_\_

Does the project, project property or recipient have any religious affiliation or involvement?  Yes  No

## Project Contact Information:

Project Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

Project Contact Email: \_\_\_\_\_

Project Contact Phone: \_\_\_\_\_

**Please submit this form to your Legislator for review.**

## Sponsor Information – TO BE FILLED-IN BY SPONSOR STAFF ONLY

Sponsor  Senator or  Delegate

Sponsor Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Co-Sponsors Information (2 max)

Co-Sponsor 1 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Co-Sponsor 2 Name: \_\_\_\_\_ Email: \_\_\_\_\_

### (Opposite Chamber)

Cross-File Sponsor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cross-File Sponsor 2 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cross-File Sponsor 3 Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Legislators, please submit this form to [LegislativeBondInitiative@mlis.state.md.us](mailto:LegislativeBondInitiative@mlis.state.md.us).**