

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: _____

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: _____

Please submit this form from sponsor's email to LegislativeBondInitiative@mlis.state.md.us.