Prior Authorization Request Form

Prior Authorization Guidelines

Name of Project:	
Name of Grantee:	
	Original Bond Amount:
County:	
Requestor(s):	
Senate:	
House:	
Request Details (Briefly indicate	te how the sponsor would like the Prior Authorization Changed):
Original Bond Bill Request(s) (year, bill number, etc.):	(Include as much detail as possible, <i>i.e.</i> , chapter number, section,
Previous Prior Authorization R number, section, year, bill num	equest(s)/Bill(s): (Include as much detail as possible i.e. chapter ber, etc.)
Project/Grantee Contact Pers	son:
Name:	Phone Number:
Email Address:	
If changing grantee or projec	t name:
New Contact Person:	New Phone Number:
New Email Address:	
	lirect any questions to: Prior.Authorization@mlis.state.md.us

*Requests processed after March 7 will be considered as Committee Amendments to the Bill in each Chamber.