**Catalytic Revitalization Tax Credit Application**

**ORGANIZATION INFORMATION**

Organization Legal Name: [Sample Legal Name]

Organization Name: [Sample Name]

Federal ID #: 01-2345678

DUNS #: 987654321

Organization Address: 123 Sample St, Baltimore, MD, 21211

Organization Web Address: [www.sample.com](http://www.sample.com)

**Provide the Primary Contact information for this application. Should the Department have any questions about this application, this person will be contacted by DHCD Program Staff.**

Prefix: First: MI: Last: Suffix:

Contact Name:

Contact Title:

Contact Phone Number:

Contact E-mail:

**Provide the Name and Title of the Executive to whom letters or legal documents should be addressed, should this application be awarded.**

Prefix: First: MI: Last: Suffix:

Executive Official Name:

Executive Official Title:

**I certify that the applicant is in good standing with the State of Maryland: □** Yes □ No

**I certify that the applicant meets eligibility requirements to receive a “state**

**benefit” under §19-106 of the Business Regulation Article of the Laws of**

**Maryland: □** Yes □ No

**During the last two (2) calendar years, has your organization been awarded**

**funding from any State of Maryland program? □** Yes □ No

**If YES to the above question, please describe the nature of that funding and a brief description of that award.**

**PROJECT DETAILS**

**Primary project site address:**

**Provide a short description for this application's project:**

**The subject property was formerly owned by:** □ State of Maryland or □ United States Government

**The subject property was formerly used as:**  □ College or University □ K-12 School

□ Hospital □ Mental Health Facility □ Military Facility or Installation

**Provide a description of the project’s prior use and eligibility as a Catalytic Revitalization Project:**

**Describe how the project will foster economic, housing, and community development within the local community:**

**Describe how your project emphasizes affordable housing, include units counts, if applicable:**

**Provide a description for the post-construction use of the project:**

**Provide an estimate for the qualified rehabilitation expenditures:**

*Note: For purposes of calculating the credit authorized, new construction costs must be related to the construction of new structures that connect, expand, or integrate the existing structures to be rehabilitated, AND may not exceed50% of the total cost of the Catalytic revitalization project.*

**Provide total project budget, including sources of funding, on Exhibit A.**

**Have you completed Exhibit A? □** Yes □ No

**Amount of Credit requested:**

*Note: The amount of credit requested should be equal to 20% of the eligible entity’s estimated cost of the project, to include eligible new construction and rehabilitation costs.*

**Provide an estimated timeline for the project:**

***All fields are required unless otherwise stated. Failure to fill all fields may result in project disqualification.***

***Attachments are permitted. Please note any attachments on this form and reference them in the appropriate question.***

**EXHIBIT A**

**PROJECT BUDGET**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **AWARD FUNDS** | **OTHER SOURCES OF FUNDS** |  |
| **USE OF FUNDS BY ACTIVITY** | **Capital Amount** | **Operating Amount** | **Applicant’s Contribution** | **Name(s) of Other Source(s)** | **Other Source Amount** | **TOTALS BY ACTIVITY** |
| **Site Pre-Dev:****Acquisition** | $0 | $0 | $0 |  |  |  |
| **Site Pre-Dev:****Arch/Eng Design** | $0 | $0 | $0 |  | $0 | **$0** |
| **Site Pre-Dev:****Demolition** | $0 | $0 | $0 |  | $0 | **$0** |
| **Site Pre-Dev:****Infrastructure** | $0 | $0 | $0 |  | $0 | **$0** |
| **Site Pre-Dev:****Stabilization** | $0 | $0 | $0 |  | $0 | **$0** |
| **Site Dev: New Construction** | $0 | $0 | $0 |  | $0 | **$0** |
| **Site Dev: Rehabilitation/ Renovation** | $0 | $0 | $0 |  | $0 | **$0** |
| **Operations: Studies and Planning** | $0 | $0 | $0 |  | $0 | **$0** |
| **Operations: Proj Admin (Cash)** | $0 | $0 | $0 |  | $0 | **$0** |
| **Operations: Proj Admin (In-Kind)** | $0 | $0 | $0 |  | $0 | **$0** |
| **Other (a):**  | $0 | $0 | $0 |  | $0 | **$0** |
| **Other (b):**  | $0 | $0 | $0 |  | $0 | **$0** |
| **Other (c):** | $0 | $0 | $0 |  | $0 | **$0** |
| **Other (d):** | $0 | $0 | $0 |  | $0 | **$0** |
| **TOTALS:** |  | **$0** | **$0** |  | **$0** |  |
|  |
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