

## State Of Maryland 2016 Bond Bill Fact Sheet

| 1. Senate<br>LR #      Bill #   |        | House<br>LR #      Bill # |   | 2. Name Of Project             |
|---|--------|---------------------------|---|--------------------------------|
| lr3744  | sb1102 | lr2711                    | hb0905  | Montgomery Hospice Casey House |
| 3. Senate Bill Sponsors   |        |                           |   | House Bill Sponsors            |
| Manno   |        |                           |   | Morales                        |
| 4. Jurisdiction (County or Baltimore City)  |        |                           |   | 5. Requested Amount            |
| Montgomery County   |        |                           |   | \$120,000                      |
| 6. Purpose of Bill  |        |                           |   |                                |
| the acquisition, planning, design, construction, repair, renovation, reconstruction, and capital equipping of the Montgomery Hospice Casey House, including a new emergency generator and repairs to the building's roof  |        |                           |   |                                |
| 7. Matching Fund  |        |                           |   |                                |
| Requirements:<br><br>Equal  |        |                           | Type:<br>The grantee shall provide and expend a matching fund |                                |
| 8. Special Provisions   |        |                           |   |                                |
| <input type="checkbox"/> Historical Easement  |        |                           | <input checked="" type="checkbox"/> Non-Sectarian             |                                |
| 9. Contact Name and Title   |        | Contact Ph#               | Email Address   |                                |
| Ann Mitchell  |        | 301-921-4400              | amitchell@montgomeryhospice.org                               |                                |
|   |        |                           |   |                                |
|   |        |                           |   |                                |
| 10. Description and Purpose of Organization (Limit length to visible area)  |        |                           |   |                                |
| <p>The mission of Montgomery Hospice is "to gentle the journey through serious illness and loss with skill and compassion." We offer end-of-life care to all residents of Montgomery County, regardless of their insurance status or ability to pay. Whether at home, in an extended care facility (nursing home, assisted living facility or group home) or at Casey House, our 14-bed inpatient hospice, our interdisciplinary team of doctors, nurse practitioners, nurses, nursing aides, social workers, chaplains, bereavement counselors and highly-trained volunteers focuses on comfort which includes, but is not limited to, pain and symptom management. The team also provides emotional and spiritual support to patients and family members.</p> |        |                           |   |                                |

**11. Description and Purpose of Project (Limit length to visible area)**

The project is to upgrade a generator and replace the roof at Casey House. The emergency generator now provides partial power in the event of an outage. Currently, no HVAC is available if there is a power failure. Our patients are receiving end-of-life care, and many use oxygen; they would be very difficult to evacuate during a summer or winter storm without extreme discomfort and likely deterioration of their health. In addition to protecting patients, having functional HVAC improves safety for visitors who may be unable to leave due to severe weather. Many Casey House visitors are elderly, and they are less able to tolerate heat and cold. Also, the asphalt shingle roof requires replacement; it has been leaking into the attic space and has been patched many times.

*Round all amounts to the nearest \$1,000. The totals in Items 12 (Estimated Capital Costs) and 13 (Proposed Funding Sources) must match. The proposed funding sources must not include the value of real property unless an equivalent value is shown under Estimated Capital Costs.*

**12. Estimated Capital Costs**

|                     |                  |
|---------------------|------------------|
| <b>Acquisition</b>  | \$0              |
| <b>Design</b>       | \$0              |
| <b>Construction</b> | \$80,000         |
| <b>Equipment</b>    | \$160,000        |
| <b>Total</b>        | <b>\$240,000</b> |

**13. Proposed Funding Sources - (List all funding sources and amounts.)**

|                                     |                  |
|-------------------------------------|------------------|
| BOND BILL                           | \$120,000        |
| Montgomery Hospice short term funds | \$120,000        |
|                                     |                  |
|                                     |                  |
|                                     |                  |
|                                     |                  |
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|                                     |                  |
|                                     |                  |
|                                     |                  |
|                                     |                  |
|                                     |                  |
| <b>Total</b>                        | <b>\$240,000</b> |

| <b>14. Project Schedule (Enter a date or one of the following in each box. N/A, TBD or Complete)</b> |   |   |                              |
|--|---|---|------------------------------|
| <b>Begin Design</b>  | <b>Complete Design</b>  | <b>Begin Construction</b>   | <b>Complete Construction</b> |
| N/A  | N/A   | TBD   | TBD                          |
| <b>15. Total Private Funds and Pledges Raised</b>  | <b>16. Current Number of People Served Annually at Project Site</b> | <b>17. Number of People to be Served Annually After the Project is Complete</b> |                              |
| 0.00   | 575   | 575   |                              |
| <b>18. Other State Capital Grants to Recipients in the Past 15 Years</b>                             |   |   |                              |
| <b>Legislative Session</b>   | <b>Amount</b>   | <b>Purpose</b>  |                              |
| N/A  | \$0   | N/A   |                              |
|  |   |   |                              |
|  |   |   |                              |
|  |   |   |                              |
| <b>19. Legal Name and Address of Grantee</b>   |   | <b>Project Address (If Different)</b>   |                              |
| Montgomery Hospice, Inc.<br>1355 Piccard Drive, Suite 100<br>Rockville MD 20850                      |   | Casey House<br>6001 Muncaster Mill Road<br>Rockville MD 20855                   |                              |
| <b>20. Legislative District in Which Project is Located</b>  | 19 - Montgomery County  |   |                              |
| <b>21. Legal Status of Grantee (Please Check One)</b>  |   |   |                              |
| <b>Local Govt.</b>   | <b>For Profit</b>   | <b>Non Profit</b>   | <b>Federal</b>               |
| [ ]  | [ ]   | [ X ]   | [ ]                          |
| <b>22. Grantee Legal Representative</b>  |   | <b>23. If Match Includes Real Property:</b>                                     |                              |
| <b>Name:</b>   | Ann Mitchell  | <b>Has An Appraisal Been Done?</b>  | <b>Yes/No</b>                |
| <b>Phone:</b>  | 301-921-4400  |   |                              |
| <b>Address:</b>  |   | <b>If Yes, List Appraisal Dates and Value</b>                                   |                              |
| Montgomery Hospice, Inc.<br>1355 Piccard Drive, Suite 100<br>Rockville MD 20850                      |   |   |                              |
|  |   |   |                              |
|  |   |   |                              |
|  |   |   |                              |
|  |   |   |                              |

| <b>24. Impact of Project on Staffing and Operating Cost at Project Site</b>                 |                                 |                                 |                                   |
|---|---------------------------------|---------------------------------|-----------------------------------|
| <b>Current # of Employees</b>   | <b>Projected # of Employees</b> | <b>Current Operating Budget</b> | <b>Projected Operating Budget</b> |
| 254   | 254                             | 24514320.00                     | 24514320.00                       |
| <b>25. Ownership of Property (Info Requested by Treasurer's Office for bond purposes)</b>   |                                 |                                 |                                   |
| <b>A. Will the grantee own or lease (pick one) the property to be improved?</b>             |                                 |                                 | Own                               |
| <b>B. If owned, does the grantee plan to sell within 15 years?</b>                          |                                 |                                 | No                                |
| <b>C. Does the grantee intend to lease any portion of the property to others?</b>           |                                 |                                 | No                                |
| <b>D. If property is owned by grantee any space is to be leased, provide the following:</b> |                                 |                                 |                                   |
| <b>Lessee</b>   | <b>Terms of Lease</b>           | <b>Cost Covered by Lease</b>    | <b>Square Footage Leased</b>      |
|   |                                 |                                 |                                   |
|   |                                 |                                 |                                   |
|   |                                 |                                 |                                   |
|   |                                 |                                 |                                   |
|   |                                 |                                 |                                   |
|   |                                 |                                 |                                   |
|   |                                 |                                 |                                   |
| <b>E. If property is leased by grantee - Provide the following:</b>                         |                                 |                                 |                                   |
| <b>Name of Leaser</b>   | <b>Length of Lease</b>          | <b>Options to Renew</b>         |                                   |
|   |                                 |                                 |                                   |
|   |                                 |                                 |                                   |
|   |                                 |                                 |                                   |
|   |                                 |                                 |                                   |
|   |                                 |                                 |                                   |
|   |                                 |                                 |                                   |
|   |                                 |                                 |                                   |
| <b>26. Building Square Footage:</b>   |                                 |                                 |                                   |
| <b>Current Space GSF</b>  | 10,928                          |                                 |                                   |
| <b>Space to be Renovated GSF</b>  | 0                               |                                 |                                   |
| <b>New GSF</b>  | 10,928                          |                                 |                                   |

**27. Year of Construction of Any Structures Proposed for Renovation, Restoration or Conversion**

1998

**28. Comments**

In 2015, Montgomery Hospice cared for 2,257 terminally-ill county residents, and our professional bereavement counselors provided grief support and education to 9,200 adults, teens, and children.

Montgomery Hospice's Life Safety consultant, Roger E. Dam, President of RLM Services, recommends that a larger generator be installed to serve the whole building and that the roof that was installed in 1999 be replaced.