

# Prior Authorization Request Form

[Prior Authorization Guidelines](#)

Name of Project: \_\_\_\_\_

Name of Grantee: \_\_\_\_\_

Year Authorized: \_\_\_\_\_ Original Bond Amount: \_\_\_\_\_

County: \_\_\_\_\_

## Requestor(s):

Senate: \_\_\_\_\_

House: \_\_\_\_\_

Request Details (Briefly indicate how the sponsor would like the Prior Authorization Changed):

Original Bond Bill Request(s) (Include as much detail as possible, *i.e.*, chapter number, section, year, bill number, *etc.*):

Previous Prior Authorization Request(s)/Bill(s): (Include as much detail as possible *i.e.* chapter number, section, year, bill number, *etc.*)

## Project/Grantee Contact Person:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## If changing grantee or project name:

New Contact Person: \_\_\_\_\_ New Phone Number: \_\_\_\_\_

New Email Address: \_\_\_\_\_

Please submit this form, and direct any questions to: [Prior.Authorization@mlis.state.md.us](mailto:Prior.Authorization@mlis.state.md.us)

**\*Requests processed after March 1 will be considered as Committee Amendments to the Bill in each Chamber.**