State of Maryland

Name of Provider:

Department of Aging Continuing Care

Application for Renovation/Expansion of Facility-Part I (Statement of Intent)

,	
Date Submitted:	

COMAR Title 32.02.01.15, fully states requirements for information to be submitted when applying for a renovation of a facility. COMAR Title 32.02.01.17, fully states requirements for information to be submitted when applying for an expansion of a facility.

A provider that intends to undertake a(n) renovation/expansion of its facility shall file a Statement of Intent with the Department at least 30 days before submission of a(n) Renovation/Expansion Approval Request. If the Renovation/Expansion Approval Request is not filed by the provider within 60 days after the Statement of Intent is filed, a new Statement of Intent shall be filed with the Department at least 30 days before submission of the financial plan.

Name of	Facility:	
County:		
Chief Exe	ec. Officer of the Facility:	
Street Ad	dress (mailing):	
City/State	e/Zip Code:	
Telephon	e Number:	Email Address:
ollowing sl	nould be marked as indicated	and attached to this application:
bit A The nature of the proposed renovation/expansion.		
hibit B The types of agreements proposed, such as extensive, modified, or fee-for-service whether entrance fees will be refundable or nonrefundable. (Expansions only)		
bit C The number of proposed additional units, if any, by unit type. (Expansions only)		
ndersigne	d attests that the information	submitted herein is true and accurate.
Notary Statement:		(Signature)
		(Title)
	County: Chief Exe Street Ad City/State Telephone ollowing sl bit A bit B bit C ndersigne	Chief Exec. Officer of the Facility: Street Address (mailing): City/State/Zip Code: Telephone Number: collowing should be marked as indicated bit A The nature of the proposed result bit B The types of agreements proposed whether entrance fees will be bit C The number of proposed additional attests that the information