Exhibit A

Exhibit B

32.02.01.17C.

Application for Renovation/Expansion of Facility-Part II (Expansion/Renovation Approval Request)

		Date Submitted:
for a		airements for information to be submitted when applying a 32.02.01.17, fully states requirements for information to sion of a facility.
Inter App 60 d Depa	nt with the Department at least 30 or roval Request. If the Renovation/Expanays after the Statement of Intent is fartment at least 30 days before submartment at least 30 days before submartment.	enovation/expansion of its facility shall file a Statement of days before submission of a(n) Renovation/Expansion nsion Approval Request is not filed by the provider within filed, a new Statement of Intent shall be filed with the hission of the financial plan. Email your application to rchousingservices.mdoa@maryland.gov .
	Name of Provider:	
	Name of Facility:	
	Name of Facility: County:	
	·	
	County:	
	County: Chief Exec. Officer of the Facility:	

A statement of the purpose and need for the expansion/renovation.

For expansions a demonstration that a market exists for any proposed additional

independent living or assisted living units, which meets the requirement of COMAR

Exhibit C	that the expansion/renovation w financial ability of the provider	ithority recognized by the Department, demonstrating ill not have an unreasonably adverse effect on the to furnish continuing care in accordance with the ts the requirements of COMAR 32.02.01.17D (for 1.15C (for renovations).		
Exhibit D	approval request. The Departme	O per additional unit shall accompany the expansion on the may charge an additional fee, not to exceed the a financial plan to the Department. See COMAR		
Other Exhibits	Addenda: Additional pertinent in attached to this application.	formation may be labeled as Addendum 1, 2, and		
A provider may not begin construction of a renovation or an expansion until the provider has received written approval of the Expansion/Renovation Approval Request from the Department for the proposed renovation. See COMAR 32.02.01.16B and COMAR 32.02.01.18B. The undersigned attests that the information submitted herein is true and accurate.				
Applicant Stat	tement:	(Signature)		
		(Title)		