

***Application for Feasibility Study Submission  
(Statement of Intent)***

Date Submitted: \_\_\_\_\_

**COMAR Title 32.02.01.02, .04 and .05 fully state the requirements for information to be submitted when applying for approval of a feasibility study.**

**A provider that intends to apply for approval of a feasibility study shall file a Statement of Intent with the Department at least 30 days before submission of an Application for Feasibility Study Submission. If the Application for Feasibility Study Submission 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 feasibility study. Email your application to the Department’s intake email address, [ccrchousingservices.mdoa@maryland.gov](mailto:ccrchousingservices.mdoa@maryland.gov).**

	Name of Provider:	
	Name of Facility:	
	County:	
	Chief Exec. Officer of the Facility:	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	Email Address:

**The following should be marked as indicated and attached to this application in accordance with Regulation .04:**

- Exhibit A    Whether entrance fees will be refundable or nonrefundable.
- Exhibit B    The types of agreements proposed, such as extensive, modified, or fee-for-service, and whether entrance fees will be refundable or non-refundable.
- Exhibit C    The number of proposed additional units, if any, by unit type.
- Exhibit D    Whether the provider is proposed to be for-profit or nonprofit.
- Exhibit E    The name of the management company, if any, that will operate the facility.

Exhibit F If applicable, the name of the development company proposing to develop the facility, the marketing consultant, the provider's attorney, and the preparer of the feasibility study, along with the preparer's qualifications.

Exhibit G A statement indicating whether any proposed comprehensive care beds will need a new certificate of need or a new exemption from the certificate of need requirements of MHCC.

**The undersigned attests that the information submitted herein is true and accurate.**

Applicant Attestation:

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(Signature)

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(Title)