

Regional Institution Strategic Enterprise Zone (RISE Zone)

Application for Qualified Institution Status

Name of Applicant Institution: _____

Address: _____

City: _____ County: _____

Name and Title of Contact Person: _____

Office Phone: _____ Email Address: _____

Name of Chief Executive of Institution: _____

Office Phone: _____ Email Address: _____

Please initial each of the following statements and provide detailed explanation for each in no less than 250 words.

_____ Our institution intends to make a significant financial investment or commitment in an area of the State that the applicant intends to become a RISE Zone.

Describe the projected amount and type of financial investment or commitment the qualified institution intends to make in the area intended to become a RISE Zone.

_____ Our institution intends to use its resources and expertise to spur economic development and community revitalization in the area the applicant intends to become a RISE Zone.

List the resources and expertise the applicant has in economic development and community revitalization. Explain how the applicant plans to apply its resources and expertise in the area it ultimately intends to become a RISE Zone.

_____ Our institution intends to create a significant number of new jobs within the area it intends to become a RISE Zone.

Explain how the designation of the intended RISE Zone will create new jobs. Discuss the types of jobs that will be created because of the designation of the RISE Zone. Describe the geographic region and the business sectors located within that region.

_____ Our institution has a history of community involvement and economic development within the communities that we serve.

Description of the community or communities in which the applicant is involved. Provide examples of the institution's involvement with the community and with economic development.

_____ Our institution has sufficient financial resources to make a significant financial investment or commitment in the proposed Rise Zone.

Without sharing confidential information, please provide some detail on the institution's financial security and future fiscal outlook.

I hereby certify that the above responses are true and accurate to the best of our institution's knowledge, and that we look forward to abiding by all program requirements for the RISE Zone program listed in the Code of Maryland as we work to develop and implement a RISE Zone.

Signature of Chief Executive or Designee: _____

Printed Name: _____ Date: _____

Addendum for Non-Profit Organizations with Federal Agency Affiliation

Non-Profit Tax Status: _____ Distance to Installation (miles): _____

Name of Federal Installation: _____

Address: _____

City: _____ County: _____

Contact Person at Installation: _____

Office Phone: _____ Email Address: _____

Please discuss, in around 500 words, your institution's affiliation with the federal installation.

Describe previous and on-going collaborations between your institution and the federal installation, your institution's efforts to support the continued growth and mission of the installation, and your working relationship with key personnel.

FOR REFERENCE ONLY