



Maryland DEPARTMENT OF PLANNING

November 12, 2020

Ms. Susan Bowen
Contractor,
Harford County Office of Community & Economic Development
15 S. Main Street
Suite 106
Bel Air, MD 21014

STATE CLEARINGHOUSE REVIEW PROCESS

State Application Identifier: MD20201109-0962

Project Description: CDBG: Habitat for Humanity Susquehanna Critical Home Repair & Accessibility Program

Project Address: 1009 Pirates Court, Edgewood, MD 21040

Project Location: Harford County

Clearinghouse Contact: Rita Pritchett

Dear Ms. Bowen:

Thank you for submitting your project for intergovernmental review. Participation in the Maryland Intergovernmental Review and Coordination (MIRC) process helps ensure project consistency with plans, programs, and objectives of State agencies and local governments.

Notice of your application is being provided to State and local public officials through the *Intergovernmental Monitor*, which is a database of projects received by the State Clearinghouse for Intergovernmental Assistance. This information may be viewed at <http://apps.planning.maryland.gov/emircpublic/>. The project has been assigned a unique State Application Identifier that should be used on all documents and correspondence.

A "Project Status Form" has been enclosed and should be completed and returned after you receive notice that your project was approved or not approved.

All MIRC requirements have been met in accordance with Code of Maryland Regulations (COMAR 34.02.01.04-.06) and this concludes the review process for the above referenced project. If you need assistance or have questions, contact the State Clearinghouse staff noted above at 410-767-4490 or through e-mail at rita.pritchett@maryland.gov. Thank you for your cooperation with the MIRC process.

Sincerely,

Myra Barnes, Lead Clearinghouse Coordinator

MB:RP
Enclosure(s)
20-0962_NM.NEW.docx



Maryland DEPARTMENT OF PLANNING

PROJECT STATUS FORM

Please complete this form and return it to the State Clearinghouse upon receipt of notification that the project has been approved or not approved by the approving authority.

TO: Maryland State Clearinghouse
Maryland Department of Planning
301 West Preston Street
Room 1104
Baltimore, MD 21201-2305

DATE: _____
(Please fill in the date form completed)

FROM: _____
(Name of person completing this form.)

PHONE: _____
(Area Code & Phone number)

RE: State Application Identifier: MD20201109-0962
Project Description: CDBG: Habitat for Humanity Susquehanna Critical Home Repair & Accessibility Program

PROJECT APPROVAL

This project/plan was: Approved Approved with Modification Disapproved

Name of Approving Authority: _____

Date Approved: _____

FUNDING APPROVAL

The funding (if applicable) has been approved for the period of:

_____, 201__ to _____, 201__ as follows:

Federal \$: _____

Local \$: _____

State \$: _____

Other \$: _____

OTHER

Further comment or explanation is attached

MD20201109-0962 **FINANCIAL ASSISTANCE**

Harford County Office of Community & Economic Development

CDBG: Habitat for Humanity Susquehanna Critical Home Repair & Accessibility Program

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