MICHIGAN SENATE

Appropriations Requests for Legislatively Directed Spending Items

1. The sponsoring Senator's First Name
   Sylvia

2. The sponsoring Senator's Last Name
   Santana

3. The cosponsoring Senators names. All cosponsors must be listed. If none, please type 'n/a.' A signed letter from the sponsor approving the co-sponsorship and a signed letter from the member wishing to co-sponsor are required. Attach letters at question #9 below.
   n/a

4. Name of the spending item's recipient:
   City of Dearborn Public Health Department

5. Physical address of the recipient:
   16901 Michigan Ave., Dearborn, MI 48126

6. If there is not a specific recipient, the intended location of the project or activity:
   n/a

7. Name of the Senator and the district number where the legislatively directed spending item is located:
   Santana, District 2

8. Purpose of the legislatively directed spending item. Please include how it provides a public benefit and why it is an appropriate use of taxpayer funding. Please also demonstrate that the item does not violate Article IV, S 30 of the Michigan Constitution.
   The funds from this grant would be dedicated to advancing the public health of Dearborn residents by supporting a wide range of critical initiatives, including but not limited to environmental health, mental health, and maternal and child health. These resources will ensure that the City can provide meaningful programming that addresses the diverse health needs of our community, while also covering essential administrative functions and other related expenses necessary to sustain and expand our efforts. By investing in both direct services and the infrastructure required to deliver them, the grant dollars will strengthen Dearborn's capacity to protect and improve the well-being of all residents.

9. Attach documents here if needed:

10. The amount of state funding requested for the legislatively directed spending item
    $1M

11. Has the legislatively directed spending item previously received any of the following types of funding? (Check all that apply)

12. Please select one of the following groups that describes the entity requesting the legislatively directed spending item
    Local unit of government

13. For a non-profit organization, has the organization been operating within Michigan for the preceding 36 months?
    N/A

14. For a non-profit organization, has the entity had a presence within Michigan for the preceding 12 months?
    N/A

15. For a non-profit organization, does the organization have a board of directors?
    N/A

16. For a non-profit organization, list all the active members on the organization's board of directors and any other officers. If this question is not applicable, please type 'n/a.'
    n/a

17. "I certify that neither the sponsoring Senator nor the sponsoring Senator's staff or immediate family has a direct or indirect pecuniary interest in the legislatively directed spending item."
    I certify

18. Anticipated start and end dates for the legislatively directed spending item
    FY 25-26

19. Certification of accuracy
    I certify