



HOUSE of REPRESENTATIVES

STATE OF MICHIGAN

Appropriations Requests for Legislatively Directed Spending Items

1. The sponsoring representative's first name:
Joseph
2. The sponsoring representative's last name:
Aragona
3. The cosponsoring representatives' 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.
Denise Mentzer
4. Name of the entity that the spending item is intended for:
City of Mount Clemens
5. Physical address of the entity that the spending item is intended for:
1 N. River Road in Mount Clemens, 48043
6. If there is not a specific recipient, the intended location of the project or activity:
n/a
7. Name of the representative and the district number where the legislatively directed spending item is located:
Denise Mentzer, HD 61
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 purpose of this legislatively directed spending is to help the City of Mt. Clemens address a critical housing gap in Macomb County by supporting the development of a housing project, which promotes community stability and

economic growth. This is an appropriate use of taxpayer funding as it serves a clear public purpose to provide for the greater Macomb community.

9. Attach documents here if needed:

Attachments added to the end of this file.

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

2500000

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

["State"]

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

Local unit government

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

Not applicable

14. For a non-profit organization, has the entity had a physical office within Michigan for the preceding 12 months?

Not applicable

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

Not applicable

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 representative nor the sponsoring representative's staff or immediate family has a direct or indirect pecuniary interest in the legislatively directed spending item."

Yes, this is correct

18. Anticipated start and end dates for the legislatively directed spending item:

10/01/25 - 9/01-26

19. "I hereby certify that all information provided in this request is true and accurate."

Yes