

HOUSE of REPRESENTATIVES

STATE OF MICHIGAN

Appropriations Requests for Legislatively Directed Spending Items

1. The sponsoring representative's first name: Laurie

2. The sponsoring representative's last name: Pohutsky

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.

Representative Stephanie Young and Representative Matt Koleszar

4. Name of the entity that the spending item is intended for: City of Livonia - Rotary Park Pavilion 1

5. Physical address of the entity that the spending item is intended for: 33000 Civic Center Dr., Livonia, MI 48154

6. If there is not a specific recipient, the intended location of the project or activity: Rotary Park - 32300 Six Mile Rd., Livonia, MI 48152

7. Name of the representative and the district number where the legislatively directed spending item is located:

Rep. Laurie Pohutsky - HD17

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. Pavilion 1 at Rotary Park was destroyed by a tornado in 2024, during which a toddler was also tragically killed. The pavilion provides a location for those at the park to gather, host events, or even just rest while their children play on the playground. Restrooms were also located in the pavilion, and its destruction left the park without any permanent bathroom options. The city has filed an insurance claim, but the reimbursement will not cover the cost of ensuring the restrooms are ADA compliant and accessible. Additionally, private

citizens are doing a fundraising drive in an attempt to raise funds to rebuild and improve the pavilion.

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. 300000
- 11. Has the legislatively directed spending item previously received any of the following types of funding? Check all that apply.

["Local","Private"]

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.'
- 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:

Start: 7/1/25, end: 9/20/25 (dependent on funding)

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