Appropriations Requests for Legislatively Directed Spending Items

1. The sponsoring representative's first name:
   Mike

2. The sponsoring representative's last name:
   McFall

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.
   n/a

4. Name of the entity that the spending item is intended for:
   Corktown Health

5. Physical address of the entity that the spending item is intended for:
   24310 John R. Rd Hazel Park MI 48030

6. If there is not a specific recipient, the intended location of the project or activity:
   24310 John R. Rd Hazel Park MI 48030

7. Name of the representative and the district number where the legislatively directed spending item is located:
   Mike McFall, HD 14

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.
   Corktown Health is a leading provider of inclusive, high-quality healthcare services, particularly for underserved communities. Securing these funds is critical to ensuring the completion of this project and improving access to essential care in Southeast Michigan. This grant will help Corktown serve additional underserved people and improve health outcomes.

   This funding will enable Corktown Health to complete the facility's construction, equip

clinical spaces, and ensure the security and technology infrastructure required to deliver comprehensive healthcare services. Their expansion will allow them to serve more patients, improve health outcomes, and strengthen community partnerships across Michigan.

We appreciate your consideration of this request and welcome any opportunity to discuss the impact of this investment on Michigan's public health landscape.

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.
    1774000

11. Has the legislatively directed spending item previously received any of the following types of funding? Check all that apply.
    ["None"]

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

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

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

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

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.'
    David Agius (Treasurer) Executive, Ilitch Holdings Patricia Brown, M.D. Associate Chief of Staff for Medicine John D. Dingell VA Medical Center; Professor of Medicine, Wayne State University Gerald Burns, N.P. Nurse Practitioner, Wayne State University, Division of Infectious Diseases Margareth Corkery Behavioral Health Program, WSU-DMC HIV Clinic Timothy Jenkins Retired from Blue Cross Blue Shield of Michigan Patricia Martin PharmD Director, Medical Sciences, Gilead Sciences, Inc Teresa Roscoe (Secretary) Chief Operating Officer, HELP/CHC Quintin Stroud All Well-Being Services UPG Holistic Care Community Advisory Board Anthony Williams (President) Chief Executive Officer, HELP/CHC Attorney, Private Practice

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:
ASAP

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