



HOUSE of REPRESENTATIVES

STATE OF MICHIGAN

Appropriations Requests for Legislatively Directed Spending Items

1. The sponsoring representative's first name:
John
2. The sponsoring representative's last name:
Roth
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:
Grand Traverse County
5. Physical address of the entity that the spending item is intended for:
400 Boardman Ave Traverse City MI 49684
6. If there is not a specific recipient, the intended location of the project or activity:
Traverse City
7. Name of the representative and the district number where the legislatively directed spending item is located:
Betsy Coffia, 103
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.
For the construction of a Youth Assessment and Treatment facility for adjudicated youth in order to serve 41 counties and Family Courts in Northern Lower Michigan and the Upper Peninsula. This facility will be managed by local courts. Discussions among all the entities have been ongoing
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.

35000000

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:

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:

June 2026-June 2027

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

Yes