



# HOUSE of REPRESENTATIVES

## STATE OF MICHIGAN

### Appropriations Requests for Legislatively Directed Spending Items

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1. The sponsoring representative's first name:  
Steve
2. The sponsoring representative's last name:  
Frisbie
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:  
Albion Health Care Alliance
5. Physical address of the entity that the spending item is intended for:  
115 Market Place in Albion, MI 49224
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:  
Steve Frisbie, District 44
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 Albion Health Care Alliance has been a non-profit organization for more than 20 years. It has been feeding low-income community members since 2021 through a program called the Community Table of Albion. Since then, guests have received free, quality, shelf-stable and fresh food five times a month at a drive-through distribution and a walk-in pantry. It is the largest food distribution program in eastern Calhoun County. In 2024, it provided meals to families more than 16,000 times.

Food insecurity is growing in Albion. The Food Insecurity Index, developed by Conduent Inc., scores on a scale of 0 (least food insecure) to 100 (most food insecure). Conduent bases its scoring on indicators such as household income, Medicaid enrollment, and self-reported poor health. Albion's score increased from 74.2 in 2022 to 87 in 2024. This increase in need presented an extra challenge for the Albion Health Care Alliance. The clients at the pantry nearly tripled over the last year.

The Albion Health Care Alliance is currently in the process of moving to a new facility over the summer and is in need of assistance for the following items:  
\$8,000 for utilities, \$3,000 for custodial work, \$6,720 for new furniture, \$375 for safety vests, \$705 for office supplies, and \$1,200 for four freezers for the food pantry

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.**

20000

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

["Private"]

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.'**

Dr. Debra Hadfield (President), Eddie Williams (Vice President), Daniel Bushcer, Vivian Davis, Marquette Frost, Julie Higgs, Dr. Barbara Keyes, Andy Lawrence, Travis Ziebell

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 Date: July 2025. End Date: December 2025

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

Yes