

**AFFIDAVIT OF PROSPECTIVE MEMBER OF THE FUTURE OF HEALTH: DETROIT
NEIGHBORHOOD ADVISORY COUNCIL**

I, _____, being first duly sworn, state the following:

1. I am over eighteen (18) years of age.
2. My primary residence is in the City of Detroit within the area bounded by **W. Euclid St. on the north, Woodward Ave. on the east, I-94 Fwy on the south, and Rosa Parks Blvd. on the west** (the “Impact Area”) and I have provided proof of such residency to the City of Detroit.
3. I am not an agent, employee or official of **Henry Ford Health, the Detroit Pistons, Michigan State University** or any of their affiliates or subsidiaries involved in the development of real property located in Detroit, Michigan at 1 Ford Place, 6141 Third, and 2850 W. Grand Blvd and associated nearby parcels for the planned hospital expansion (collectively, the “Properties”).
4. I am not an employee of any department of the City of Detroit or any authority directly involved with the development of the Properties.
5. I do not have any financial interest in **Henry Ford Health, the Detroit Pistons, Michigan State University** or any of their affiliates or subsidiaries involved in the development of the Properties.
6. None of my immediate family members have any financial interest in **Henry Ford Health, the Detroit Pistons, Michigan State University**, or any of their affiliates or subsidiaries involved in the development of the Properties.
7. I understand the responsibility of Neighborhood Advisory Council (NAC) members to avoid potential conflicts of interest during the community benefits process. During my service as a member of the NAC for the proposed development referenced above, I will disclose any potential conflict of interests to the City of Detroit Planning and Development Department in accordance with the Community Benefits Ordinance (Chapter 12, Article VIII of the 2019 Detroit City Code).

Date: _____

[Signature of Affiant]

STATE OF MICHIGAN)
)
COUNTY OF WAYNE)

The foregoing instrument was signed and sworn before me in Wayne County, Michigan, on _____, 2023 by _____.

Print Name: _____
Notary Public, Wayne County, Michigan
My commission expires: _____
Acting in the County of Wayne