



DEPARTMENTAL SUBMISSION

DEPARTMENT: OCFO - Development & Grants
FILE NUMBER: OCFO - Development & Grants-0376

*** RE:**

Submitting reso. autho. Authorization to submit a grant application to the Michigan Department of Health and Human Services (MDHHS) for the FY 2024 Grief and Bereavement Grant.

*** SUMMARY:**

Authorization to submit a grant application to the Michigan Department of Health and Human Services (MDHHS) for the FY 2024 Grief and Bereavement Grant. The Health Department is hereby requesting authorization from Detroit City Council to submit a grant application to the Michigan Department of Health & Human Services (MDHHS) for the FY 2024 Grief and Bereavement Grant. The amount being sought is \$20,000.00. There is no City match requirement. The total project cost is \$20,000.00.

*** RECOMMENDATION:**

The Health Department is hereby requesting authorization from Detroit City Council to submit a grant application to the Michigan Department of Health & Human Services (MDHHS) for the FY 2024 Grief and Bereavement Grant. The amount being sought is \$20,000.00. There is no City match requirement. The total project cost is \$20,000.00.

*** DEPARTMENTAL CONTACT:**

Name: Jalesa Beck
Position: Administrative Assistant II

***=REQUIRED**