



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 1026  
DETROIT, MICHIGAN 48226  
PHONE: 313 • 628-2158  
FAX: 313 • 224 • 0542  
WWW.DETROITMI.GOV

June 26, 2023

The Honorable Detroit City Council  
**ATTN: City Clerk Office**  
200 Coleman A. Young Municipal Center  
Detroit MI 48226

**RE: 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.

The FY 2024 Grief and Bereavement Grant will enable the department to:

- Serve and support grieving families, and to encourage partnerships to include at least one hospital, one community-based organization, and one hospice/palliative care program, to enhance bereavement services and networks within the region.

We respectfully request your approval to submit the grant application by adopting the attached resolution.

Sincerely,

DocuSigned by:  
*Terri Daniels*  
4D2BEEE23C8D489...

Terri Daniels  
Director of Grants, Office of Development and Grants

CC:  
Sajjiah Parker, Assistant Director, Grants



## Office of Development and Grants

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### RESOLUTION

**Council Member** \_\_\_\_\_

**WHEREAS**, the Health Department has requested authorization from City Council to submit a grant application to the Michigan Department of Health & Human Services (MDHHS), for the FY 2024 Grief & Bereavement Grant, in the amount of \$20,000.00, to serve and support grieving families, and to encourage partnerships to include at least one hospital, one community-based organization, and one hospice/palliative care program, to enhance bereavement services and networks within the region; and

**THEREFORE, BE IT RESOLVED**, the Health Department is hereby authorized to submit a grant application to the Michigan Department of Health & Human Services (MDHHS) for the FY 2024 Grief & Bereavement Grant.



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### Grant Application Request Form (GARF)

In order to secure the Office of Development and Grants (ODG) approval required under Section 17-4-2 of the Detroit City Code, this form is to be filled out by City Departments as soon as possible upon learning of an opportunity that the Department would like to pursue. This form must be signed and submitted not later than 20 business days prior to the application deadline.

Please submit this form to the following ODG staff: Sajjiah Parker, Assistant Director, [parkersa@detroitmi.gov](mailto:parkersa@detroitmi.gov) and Greg Andrews, Program Analyst IV, [andrewsgr@detroitmi.gov](mailto:andrewsgr@detroitmi.gov)

<b>City Department</b>	Detroit Health Department
<b>Date</b>	6/16/23
<b>Department Contact Name</b>	Yoland Hill-Ashford
<b>Department Contact Phone</b>	313-748-3998
<b>Department Contact Email</b>	hillashfordy@detroitmi.gov
<b>Grant Opportunity Title</b>	2024 Grief and Bereavement maternal loss)
<b>Grant Opportunity Funding Agency</b>	Michigan Department of Health and Human Services (MDHHS)
<b>Web Link to Opportunity Information</b>	<a href="https://www.research.net/survey-closed?sm=v32msJSXIB5Wh76SG1hH01GQd">https://www.research.net/survey-closed?sm=v32msJSXIB5Wh76SG1hH01GQd</a>
<b>Award Amount (that Department will apply for)</b>	\$20,000
<b>Application Due Date</b>	6/16/23
<b>Anticipated Proposed Budget Amount</b>	\$20,000
<b>City Match Contribution Amount</b>	n/a
<b>Source of City Match (include Appropriation Number, Cost Center, and Object Code)</b>	n/a
<b>List of programs/services/activities to be funded and the Budget for each</b> <i>Sample:</i> - ABC Afterschool program: \$150,000 - XYZ Youth leadership program: \$100,000 - Salary/Benefits: \$95,000 - Supplies: \$5,000	Program Supplies: \$11,000 Other/Technical Assistance: \$9,000
<b>Brief Statement of Priorities/Purpose for the Application</b> <i>Sample: To support expansion of promising youth development programs in MNO neighborhood.</i>	Serve grieving families to encourage partnerships, made up of at least one hospital, one community-based organization, and one hospice organization/palliative care program, to enhance bereavement services and networks within the region.
<b>Key Performance Indicators to be Used to Measure the Programs/Services/Activities</b> <i>Sample:</i> # of kids newly enrolled in ABC and XYZ % of kids from ABC who demonstrate improved educational performance	<ul style="list-style-type: none"> <li>Develop 1 family resource guide of free and low-barrier wraparound supports for loss survivors</li> <li>Facilitate a group support session for 50 families who experienced perinatal/postnatal loss</li> <li>Facilitate a group support session for up to 50 adults and youth who experienced perinatal/postnatal loss</li> </ul>

Christina Floyd

Director's Name (Please Print)

Christina Floyd  
Director's Signature

Date