

Coleman A. Young Municipal Center 2 Woodward Avenue, Suite 1026 Detroit, Michigan 48226 Phone 313 • 628 • 1258 Fax 313 • 224 • 0542 www.detroitmi.gov

January 23, 2024

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 Southeast Michigan Perinatal Quality Improvement Coalition for the Maternal Child Health: Impacting Birth Outcomes and Infant Mortality Grant

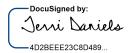
The Health Department is hereby requesting authorization from Detroit City Council to submit a grant application to the Southeast Michigan Perinatal Quality Improvement Coalition for the Maternal Child Health: Impacting Birth Outcomes and Infant Mortality Grant. The amount being sought is \$54,000.00. There is no City match requirement. The total project cost is \$54,000.00.

The Maternal Child Health: Impacting Birth Outcomes and Infant Mortality Grant will enable the department to:

- Increase positive birth outcomes
- Decrease infant mortality
- Support and expand SisterFriends Detroit services

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

Sincerely,



Terri Daniels

Director of Grants, Office of Development and Grants

CC:

Sajjiah Parker, Assistant Director, Grants



Office of Development and Grants

RESOLUTION

Council Member	
Council Mellinei	_

WHEREAS, the Health Department has requested authorization from City Council to submit a grant application to the Southeast Michigan Perinatal Quality Improvement Coalition, for the Maternal Child Health: Impacting Birth Outcomes and Infant Mortality Grant, in the amount of \$54,000.00, to support and expand services provided to women who are pregnant and enrolled in SisterFriends Detroit; now

THEREFORE, BE IT RESOLVED, the Health Department is hereby authorized to submit a grant application to the Southeast Michigan Perinatal Quality Improvement Coalition for the Maternal Child Health: Impacting Birth Outcomes and Infant Mortality Grant.

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COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVENUE, SUITE 1026 DETROIT, MICHIGAN 48226

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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 and the Department/Project assigned Development Officer.

City Department	Detroit Health Department	
Date	1.22.24	
Department Contact Name	Shirley Mann Gray	
Department Contact Phone	313-300-4428	
Department Contact Email	grays@detroitmi.gov	
Grant Opportunity Title	Maternal Child Health: Impacting Birth Outcomes and Infant Mortality	
Grant Opportunity Funding Agency	Southeast Michigan Perinatal Quality Improvement Coalition	
Web Link to Opportunity Information	SEMPQIC- https://www.sempqic.org/	
Award Amount (that Department will apply for)	\$54,000	
Application Due Date	1.23.24	
Anticipated Proposed Budget Amount	\$54,285	
City Match Contribution Amount	NA	
Source of City Match (include Appropriation Number, Cost Center, and Object Code)	NA	
List of programs/services/activities to be funded and the Budget for each Sample: - ABC Afterschool program: \$150,000 - XYZ Youth leadership program: \$100,000 - Salary/Benefits: \$95,000 - Supplies: \$5,000	The budget will support wrap around service,basic needs-\$30,500 Care seats for infants, Car seat educator and installer - \$1,000 Car seat for infants - \$15,000 Professional development/training: \$4,000 Evaluation: \$1,200 Indirect/Administrative cost- \$2,585	
Brief Statement of Priorities/Purpose for the Application Sample: To support expansion of promising youth development programs in MNO neighborhood.	To support and expand service provided to women who are pregnant and enrolled in SisterFriends Detroit to increase positive birth outcomes and decrease infant mortality	
Key Performance Indicators to be Used to Measure the Programs/Services/Activities Sample: # of kids newly enrolled in ABC and XYZ % of kids from ABC who demonstrate improved educational performance	100 women will be served 90% will receive care seats 95% of staff will be trained — DocuSigned by:	

Christina Floyd

Director's Name (Please Print)

divistina floyd

01/22/2024

Director's Signature

Date

Certificate Of Completion

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100 Mack Ave., 3rd Floor

Detroit, MI 48201

christina.floyd@detroitmi.gov IP Address: 12.187.125.5

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Signature

christina floyd diristina floyd christina.floyd@detroitmi.gov Deputy Director Public Health Deputy Director of Public Health

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(None)

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Electronic Record and Signature Disclosure:

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Completed	Security Checked	1/22/2024 12:59:01 PM
Signing Complete	Security Checked	1/22/2024 12:59:01 PM
Certified Delivered	Security Checked	1/22/2024 12:57:24 PM
Envelope Sent	Hashed/Encrypted	1/22/2024 12:57:16 PM
Envelope Summary Events	Status	Timestamps
Notary Events	Signature	Timestamp
Witness Events	Signature	Timestamp
Carbon Copy Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Editor Delivery Events	Status	Timestamp
In Person Signer Events	Signature	Timestamp