



**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•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,

DocuSigned by:

4D2BEEE23C8D489...

Terri Daniels
Director of Grants, Office of Development and Grants

CC:
Sajjiah Parker, Assistant Director, Grants



Office of Development and Grants

RESOLUTION

Council Member _____

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.



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

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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 <i>Sample:</i> - 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 <i>Sample: To support expansion of promising youth development programs in MNO neighborhood.</i>	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 <i>Sample:</i> # 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

Christina Floyd

Director's Name (Please Print)

DocuSigned by:

christina floyd

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Director's Signature

01/22/2024

Date

Certificate Of Completion

Envelope Id: 148F8B171E874487B0A665E48BAF39A2	Status: Completed
Subject: Complete with DocuSign: Grant Application Request Form - SEMPQIC.pdf	
Source Envelope:	
Document Pages: 1	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Disabled	Envelope Originator:
Envelopeld Stamping: Disabled	Christina Floyd
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	100 Mack Ave., 3rd Floor
	Detroit, MI 48201
	christina.floyd@detroitmi.gov
	IP Address: 12.187.125.5


Record Tracking

Status: Original	Holder: Christina Floyd	Location: DocuSign
1/22/2024 12:57:01 PM	christina.floyd@detroitmi.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: City of Detroit - Detroit Health Department	Location: DocuSign

Signer Events

christina floyd
 christina.floyd@detroitmi.gov
 Deputy Director Public Health
 Deputy Director of Public Health
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 82221D4DB38047E...
 Signature Adoption: Pre-selected Style
 Using IP Address: 12.187.125.5

Timestamp

Sent: 1/22/2024 12:57:16 PM
 Viewed: 1/22/2024 12:57:24 PM
 Signed: 1/22/2024 12:59:01 PM
 Freeform Signing

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	1/22/2024 12:57:16 PM
Certified Delivered	Security Checked	1/22/2024 12:57:24 PM
Signing Complete	Security Checked	1/22/2024 12:59:01 PM
Completed	Security Checked	1/22/2024 12:59:01 PM

Payment Events

Status

Timestamps