



**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  
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January 17, 2024

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

**RE: Request to Accept an Increase in Appropriation for the FY 2024 Social Determinants of Health Planning Grant**

The Michigan Department of Health and Human Services (MDHHS) has awarded an increase in appropriation to the City of Detroit Health Department for the FY 2024 Social Determinants of Health Planning Grant, in the amount of \$190,000.00. This funding will increase appropriation 21281, previously approved in the amount of \$25,000.00, to a total of \$215,000.00.

The objective of the grant is to continue development of the Community Health Assessment and to begin addressing specific social determinants of health priorities identified from the draft Community Health Improvement Plan. The funding allotted to the department will be utilized to conduct community meetings, pay for trainings, and to help further expand the community information exchange network of housing providers.

I respectfully ask your approval to accept the increase in appropriation funding in accordance with the attached resolution.

Sincerely,

DocuSigned by:  
*Terri Daniels*  
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Terri Daniels  
Director of Grants, Office of Development and Grants

DocuSigned by:  
*Matthew Spayth*  
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Office of Budget

CC:  
Sajjiah Parker, Assistant Director, Grants

**RESOLUTION**

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

**WHEREAS**, the Health Department is requesting authorization to accept an increase in appropriation for the FY 2024 Social Determinants of Health Planning Grant, from the Michigan Department of Health and Human Services (MDHHS), in the amount of \$190,000.00, to continue development of the Community Health Assessment and to begin addressing specific social determinants of health priorities identified from the draft Community Health Improvement Plan; and

**WHEREAS**, these funds were made possible through a subaward from the State and Local Fiscal Recovery Fund (SLFRF) as created in the American Rescue Plan Act, Public Law 117-2; and

**WHEREAS**, this funding will increase appropriation 21281, previously approved in the amount of \$25,000.00, to a total of \$215,000.00; and

**WHEREAS**, this request has been approved by the Office of Budget; now

**BE IT RESOLVED**, funds received under this grant agreement will be used solely for eligible SLFRF expenditures as described in the SLFRF Final Rule, the SLFRF Final Rule Overview, the associated FAQs, and all other applicable Federal Rules and Regulations; and

**BE IT FURTHER RESOLVED**, that the Budget Director is authorized to increase the budget accordingly for appropriation number 21281, in the amount of \$190,000.00, for the FY 2024 Social Determinants of Health Planning Grant.

**Gregory Andrews****Subject:** FW: [EXTERNAL] MDHHS Local Health Department - 2024 Amendments**From:** [noreply@egrams-mi.net](mailto:noreply@egrams-mi.net) <[noreply@egrams-mi.net](mailto:noreply@egrams-mi.net)>**Sent:** Wednesday, December 20, 2023 10:52 AM**To:** Andre Blair <[andre.Blair@detroitmi.gov](mailto:andre.Blair@detroitmi.gov)>**Cc:** Chhavy Gatbonton <[gatbontonc@detroitmi.gov](mailto:gatbontonc@detroitmi.gov)>**Subject:** [EXTERNAL] MDHHS Local Health Department - 2024 Amendments

12/20/2023

Andre Blair, Accountant  
 Detroit Health Department  
 City Treasurer  
 1151 Taylor Ste 333-CDetroit, MI 48202 1732

Dear Andre Blair:

The following lists the FY 2024 amendments for your organization for funding administered by the Michigan Department of Health and Human Services (MDHHS) through the Comprehensive Agreement. All projects must be budgeted and expended consistent with the requirements contained in your Comprehensive Agreement.

**Amendment List**

## i-a. Allocation Changes – Existing Projects

Project Title	Current Amount	Amended Amount	New Project
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	583,645.00	128,402.00	712,047.00
Family Planning Services	575,000.00	65,000.00	640,000.00
Food ELPHS	607,074.00	344,066.00	951,140.00
HIV Data to Care	380,048.00	-38,800.00	341,248.00
MDHHS-Essential Local Public Health Services (ELPHS)	2,514,357.00	740,916.00	3,255,273.00
Oral Health- Kindergarten Assessment	95,694.00	30,000.00	125,694.00
Public Health Emergency Preparedness (PHEP) 10/1 - 6/30	160,039.00	20,000.00	180,039.00
<b>SDOH Planning</b>	<b>25,000.00</b>	<b>190,000.00</b>	<b>215,000.00</b>
<b>TOTAL :</b>	<b>4,940,857.00</b>	<b>1,479,584.00</b>	<b>6,420,441.00</b>

## i-b. New Allocation – New Projects

Project Title	Current Amount	Amended Amount	New Project
SDOH Hub Pilot	0.00	115,000.00	115,000.00
<b>TOTAL :</b>	<b>0.00</b>	<b>115,000.00</b>	<b>115,000.00</b>

## ii. Budget Category changes

**Project Title**

Children's Special Hlth Care Services (CSHCS) Care Coordination
Ending the HIV Epidemic Implementation
HIV & STI Testing and Prevention
HIV Housing Assistance
Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30
WIC Breastfeeding
WIC Resident Services

**Next Steps**

The next steps in the MI E-Grants system for amending your applications and budgets and submitting your Comprehensive Agreement Amendment for MDHHS approval are as follows:

1. The project manager will assign the agency users to any new Local Health Department - 2024 projects.
2. For your convenience you can access the "Comprehensive Agreement Training for Grantee" material on the home page by clicking "About EGrAMS" and downloading the PDF. Access the system using the URL: <https://egrans-mi.com/MDHHS/>.
3. Login into MI E-Grants system.
4. Enter the application using the drop down menu's "Grantee>Grant Application>Enter Grant Application" and click on "Go".
5. Select the CO-2024/Local Health Department - 2024 program and click the "Go" button.
6. Select the hyperlink titled "Local Health Department - 2024".
7. Select hyperlink to various projects and amend the application sections. See page 59 for detailed instructions.
8. When the amended application has been entered, validated, and is error free it is ready for submission by the authorized official.

**Additional Documents**

To view your original and amended agreement use the drop-down menu's "Grantee> Project Director> Application Status" and click the 'Go' button. Select the Grant Program and click on the 'Find' button. Select the agreement from the dropdown menu located at the bottom of the screen. "Draft" is the pending amendment. Click on the 'View Contract' to access the selected agreement.

**Technical Assistance**

Technical assistance to complete the requested Grant Amendment is available through the Grants Section Help Desk at [MDHHS-EGRAMS-HELP@michigan.gov](mailto:MDHHS-EGRAMS-HELP@michigan.gov) or 517-335-3359. For Programmatic questions, please contact your MDHHS Program Coordinator. You may also refer to your training materials and the yellow book and help icons within MI E-Grants for assistance.

Please complete the requested updates and have your Authorized Official submit the amended Grant Agreement through MI E-Grants within **three weeks**.

Sincerely,

Laura Geist  
Bureau of Grants and Purchasing, Grants Administration Section Manager  
Michigan Department of Health and Human Services

## GRANT OPENING CERTIFICATION FORM

I, \_\_\_\_\_, am an official of \_\_\_\_\_ (subrecipient name), and I certify that:

1. I have the authority on behalf of \_\_\_\_\_ (subrecipient name) to receive the payment from the State of Michigan from the State and Local Fiscal Recovery Fund (SLFRF) as created in the American Rescue Plan Act, Public Law 117-2.
2. I understand the State of Michigan will rely on this certification as a material representation in issuing a SLFRF payment to \_\_\_\_\_ (subrecipient name).
3. \_\_\_\_\_ (subrecipient name), is receiving payment for services provided to carry out the objectives of the grant agreement. Funds received under this grant agreement will be used solely for eligible SLFRF expenditures as described in the [SLFRF Final Rule](#), the [SLFRF Final Rule Overview](#), and the associated [FAQs](#).
4. All subrecipients receiving funds under the Good Housing = Good Health project shall retain documentation supporting the reporting requirements in this document. Such documentation shall be provided to the state upon request and maintained by the grantee until at least December 31, 2031.
5. Program funds received cannot be used for expenditures for which the subrecipient has received/will receive any other federal funds or emergency COVID-19 supplemental funding (whether state, federal, or private in nature).
6. Program funds received pursuant to this guidance and certification cannot be used to reimburse or subaward another subrecipient or local unit of government.
7. I have read and agree on behalf of \_\_\_\_\_ (subrecipient name) to comply with all applicable provisions and requirements corresponding to the receipt of funds required in the American Rescue Plan, Public Law No: 117-2 or Uniform Guidance 2 CFR 200.
8. Further, that I understand and agree on behalf of \_\_\_\_\_ (subrecipient name) that any funds received under this act and incurred in any manner that does not comply with the American Rescue Plan Act, Public Law 117-2 or Uniform Guidance 2 CFR 200, as applicable shall be returned to the State of Michigan. Any funds that are provided by the State of Michigan under the Good Housing = Good Health that are found to be based on inaccurate, nonqualifying, or fraudulent information will be returned to the State of Michigan. Funds provided under Good Housing = Good Health project must adhere to official federal guidance issued or to be issued on what constitutes a necessary expenditure as described in the guidance for the

**State and Local Fiscal Recovery Fund – [Project Name]**

<https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf>. I reviewed the guidance prior to completing this request for reimbursement.

9. \_\_\_\_\_ (subrecipient name)'s Governing Body, \_\_\_\_\_, has been notified of the submission of this report, and is aware of the Federal statutes, regulations and terms and conditions of the grant award.

I certify under the penalties of perjury set forth in Michigan Penal Code, MCL 750.423, that I have read the above certification and my statements contained herein are true and correct to the best of my knowledge.

By: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Sub-Recipient Organization/Entity Name: \_\_\_\_\_

Sub-Recipient Address: \_\_\_\_\_

Date: \_\_\_\_\_