



## DEPARTMENTAL SUBMISSION

DEPARTMENT: OCFO - Development & Grants  
FILE NUMBER: OCFO - Development & Grants-0446

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**\* RE:**

**Submitting reso. auth. 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.**

**\* SUMMARY:**

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.

**\* RECOMMENDATION:**

**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.

**\* DEPARTMENTAL CONTACT:**

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**\*=REQUIRED**