

Janice M. Winfrey  
City Clerk

**City of Detroit**  
OFFICE OF THE CITY CLERK

Andre P. Gilbert II  
Deputy City Clerk

**DEPARTMENT PETITION REFERENCE COMMUNICATION**

*To: The Department or Commission Listed Below*

*From: Janice M Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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Petition No.	2024-059
Name of Petitioner	Firm Foundations of Hope Inc.
Description of Petition	Request from your Honorable Body a resolution in support of a Charitable Gaming License for an fundraiser concert on April 19 from 6:30-9:30 pm at St. Augustine St. Monica Catholic Church located at 4151 Seminole St., Detroit, MI 48214.
Type of Petition	<b>Charitable Gaming License</b>
Submission Date	02/14/2024
Concerned Departments	City Clerk, City Council
Petitioner Contact	Firm Foundations of Hope 3920 Van Dyke St. Detroit, MI 48214 313-650-8565 <a href="mailto:climb@firmfoundationsofhope.org">climb@firmfoundationsofhope.org</a>

**City of Detroit**  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

February 14, 2024

Honorable City Council

RE: **Petition No.: 2024-059 – Firm Foundations of Hope Inc.**, a nonprofit organization, requests a resolution from your Honorable Body in support of a charitable gaming license.

The petitioner wishes to be recognized as a nonprofit organization operating in the community for purposes of obtaining a gaming license from the Bureau of State Lottery. Be advised that the organization meets the criteria for such recognition as established by the city Council on May 15, 2012.

Therefore, approval of this petition is recommended, and an appropriate resolution is attached.

Respectfully submitted,



Janice M. Winfrey

JMW:kw

## RESOLUTION

By Council Member: \_\_\_\_\_

Whereas, Firm Foundations of Hope Inc. (3920 Van Dyke St., Detroit, MI 48214) requests for recognition as a nonprofit organization operating in the community for the purpose of obtaining a charitable gaming license from the State of Michigan, and

Whereas, the organization meets the criteria for such recognition as established by the City Council on May 15, 2012.

Therefore Be it Resolved, the Detroit City Council recognizes Firm Foundations of Hope Inc. (3920 Van Dyke St., Detroit, MI 48214) as a nonprofit organization operating in the community for the purpose of obtaining a charitable gaming license from the Bureau of State Lottery.



3920 Van Dyke St.  
Detroit, MI 48214

(313) 650-8565

[climb@firmfoundationsofhope.org](mailto:climb@firmfoundationsofhope.org)

[www.firmfoundationsofhope.org](http://www.firmfoundationsofhope.org)

February 13, 2024

Detroit City Council Office  
Coleman A. Young Municipal Center  
2 Woodward Ave.  
Detroit, MI 48226

To Whom it May Concern:

Firm Foundations of Hope, Inc. is a 501c3 nonprofit organization located and serving in the east side of Detroit. We have an upcoming fundraiser concert event on Friday, April 19, during which we intend to have a raffle. Per the raffle license qualification requirements of the State of Michigan Charitable Gaming Division, we submit the attached resolution form for our local governing body, the Detroit City Council to review. The CG division requests that this form be completed to certify that Firm Foundations of Hope is in fact a non-profit organization operating in the local area.

The fundraiser event will be held from 6:30-9:30pm on Friday, April 19, in the social hall at St. Augustine St. Monica Catholic Church, located at 4151 Seminole St., Detroit, MI 48214. Doors will open at 5:30. Dinner will be served, while guests will be entertained by three different live music bands over the course of the evening. We will sell 150 tickets to the event. Raffle tickets will be sold during the event.

Attached is our determination letter from the IRS, showing our status as a 501c3 public charity.

I am very appreciative of your assistance in this matter.

Sincerely,

Genevieve Kocourek  
President and Founder  
Firm Foundations of Hope

# RAFFLE LICENSE APPLICATION

For Bureau Use Only

ALLOW 4-6 WEEKS FOR PROCESSING.  
 PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

QUALIFICATION INFORMATION	1. Organization Name <b>Firm Foundations of Hope</b>				2. Organization ID Number or Last License Number Issued <b>141729</b>	
	3. Organization Street Address <b>3920 Van Dyke St.</b>		City <b>Detroit</b>	State <b>MI</b>	Zip Code <b>48214</b>	
	Organization Mailing Address <b>3920 Van Dyke St.</b>		City <b>Detroit</b>	State <b>MI</b>	Zip Code <b>48214</b>	County <b>82 Wayne</b> <input type="checkbox"/>
	4. Has your organization ever received a license such as bingo, raffle or charity game ticket? <input checked="" type="checkbox"/> Yes - Complete application and submit with the appropriate fee. <input type="checkbox"/> No - You must submit the documentation requested on the Qualification Requirements sheet and become qualified before any licenses can be issued. The Qualification Requirements sheet can be obtained from our website at www.michigan.gov/cg or by calling our office at (517) 335-5780.					
5. Is your organization a candidate committee, political committee, political party committee, ballot question committee, independent committee or any other committee as defined by, and organized pursuant to, the Michigan Campaign Finance Act 388 of the Public Acts of 1976, as amended, being sections 169.201 to 169.282 of the Michigan Compiled Laws? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				6. Has your organization received contributions or made expenditures of \$500 or more in the last calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of a candidate, or the qualification, passage, or defeat of a ballot question? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SIGNATURE(S)	7. Provide name, title, home address, and telephone numbers for the PRINCIPAL OFFICER, e.g., president, grand knight, worthy matron, etc., and the vice president or equivalent and one other officer of the organization. SIGNATURE OF PRINCIPAL OFFICER REQUIRED - OR - TWO signatures of the vice president or equivalent and one other officer. Original signatures are required. Electronic or stamped signatures are not accepted. NOTE: Executive director signature not acceptable.		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Principal Officer <b>Genevieve Kocourek (President)</b>	<b>3920 Van Dyke St.</b>	Day <b>( 313 ) 650-8565</b>
	Title <b>President</b>	<b>Detroit, MI 48214</b>	Evening <b>( 313 ) 650-8565</b>
	Signature of Principal Officer	Email Address <b>climb@firmfoundationsofhope.org</b>	Date <b>12/04/23</b>
	- OR -		
	Name and Title	Street, City, State, ZIP Code	Telephone Numbers
	Vice President or Equivalent		Day <b>( )</b>
	Title		Evening <b>( )</b>
	Signature of Vice President or Equivalent	Email Address	Date
Name and Title	Street, City, State, ZIP Code	Telephone Numbers	
Other Officer		Day <b>( )</b>	
Title		Evening <b>( )</b>	
Signature of Other Officer	Email Address	Date	
By signing above, I CERTIFY that I am at least 18 years of age, the organization applying is a NONPROFIT organization, I have examined this application and there is no misrepresentation or falsification in the information stated or attached, and the facts underlying our original qualification status remain unchanged. I CERTIFY that ALL chairpersons associated with this raffle will read and understand the duties and responsibilities of a Raffle Chairperson as described in the Raffle Guide and Raffle Rules before performing any duties as a chairperson. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection of this application or revocation of the right to obtain any future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.			

COMPLETE THE ENTIRE APPLICATION AND MAKE A COPY FOR YOUR RECORDS



COMPLETION: Required for licensure.  
 PENALTY: No license will be issued.

RAFFLE INFORMATION

8. Contact Person <b>Genevieve Kocourek</b>			9. Raffle Location (building name, if any) <b>St. Augustine St. Monica Catholic Church</b>		
Mailing Address Where License Should Be Sent <b>3920 Van Dyke St.</b>			Street Address <b>4151 Seminole St.</b>		
City <b>Detroit</b>	State <b>MI</b>	ZIP Code <b>48214</b>	City <b>Detroit</b>		
Telephone Number (Day) <b>( 313 ) 650-8565</b>	Email Address <b>climb@firmfoundationsofhope.org</b>		ZIP Code <b>48214</b>	County <b>82 Wayne</b> <input type="checkbox"/>	

10. List name, home address, and telephone numbers of the raffle chairperson(s). **Must be a member for 6 months. If your organization does not have general membership, chairperson must be a board member for 6 months.** Playing card progressive raffles require at least 2 chairpersons. Attach additional list if necessary.

Raffle Chairperson	Street, City, State, ZIP Code	Telephone Numbers
Name <b>Daniel Rose (Treasurer)</b>	<b>1620 Michigan Ave. #211</b>	Day <b>( 248 ) 421-8314</b>
Email Address <b>danielrose793@gmail.com</b>	<b>Detroit, MI 48216</b>	Evening <b>( 248 ) 421-8314</b>
Name		Day ( )
Email Address		Evening ( )

<p>11. Dates when total value of all prizes awarded in one day is <b>\$500 or LESS.</b></p> <p><b>S M A L L</b></p> <p>Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.)          Date <u>04/19/24</u> Time <u>p.m.</u> <input checked="" type="checkbox"/> <u>05:30</u> to <u>09:30</u> <u>p.m.</u> <input checked="" type="checkbox"/>          Date _____ Time <u>a.m.</u> _____ to _____ <u>a.m.</u>          Date _____ Time <u>a.m.</u> _____ to _____ <u>a.m.</u></p> <p><input type="checkbox"/> Check here if there are additional drawing dates and attach list.</p> <p>Dates when total value of all prizes awarded in one day is <b>MORE than \$500.</b></p> <p><b>L A R G E</b></p> <p>Drawing Date(s) and Time(s) (Must be between the hours of 8 a.m.-2 a.m.)          Date _____ Time <u>a.m.</u> _____ to _____ <u>a.m.</u>          Date _____ Time <u>a.m.</u> _____ to _____ <u>a.m.</u></p> <p><input type="checkbox"/> Check here if there are additional drawing dates and attach list.</p>	<p>12. License Fee</p> <p>All drawing dates included on this application must be at the same location.</p> <p>Small Raffle Drawings - \$15 for 1, 2, or 3 dates plus \$5 for each additional drawing date.</p> <p>Large Raffle Drawings - \$50 for each drawing date.</p> <p>a. 1, 2, or 3 small drawing dates <u>1</u> \$15 = <u>15</u></p> <p>b. Additional small drawing dates _____ x \$5 = _____</p> <p>c. Large drawing dates _____ x \$50 = _____</p> <p><b>FEE (total lines a, b and c)</b> <span style="border: 1px solid black; padding: 2px 10px;"><b>\$ 15</b></span></p>
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13. • If you are conducting an in-house raffle ONLY where there is no presale of the raffle tickets before the event, there is no need to complete the raffle ticket below.  
 • Ensure the event times listed in #11 reflect the entire occasion, meaning the beginning time you will start selling in-house raffle tickets on the event date and the ending time when all prizes have been awarded.
14. • If you are preselling tickets before the event, complete the boxes below in ink; ensure the ticket is printed with all of the required items according to Raffle Rule 506.  
 • Indicate any additional information that will appear on the actual tickets.

TICKET INFORMATION

<b>RAFFLE</b>	<u>001</u> Ticket #	<u>001</u> Ticket #
Name of Licensee		
Drawing Date(s)	a.m.	Purchaser's Name
	Drawing Time(s)	Purchaser's Address
First Prize *		Purchaser's Phone #
	Ticket Price	
Raffle Location	(to be added when issued) License Number	

\* For large prizes, you may want to include a disclaimer that states "If xxx (indicate number) tickets are not sold, the drawing will revert to a 50/50 raffle with the minimum prize of \$xxx (indicate dollar amount) awarded."

**Make checks payable to: STATE OF MICHIGAN**  
 Submit completed application, supporting documents, and license fee to:  
 Charitable Gaming Division, Box 30023, Lansing, MI 48909  
**OVERNIGHT DELIVERY: 101 E. Hillsdale, Lansing, MI 48933**





Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

FIRM FOUNDATIONS OF HOPE INC  
3920 VAN DYKE ST  
DETROIT, MI 48214

Date:  
September 15, 2022  
Employer ID number:  
88-1229454  
Person to contact:  
Name: Harold J Fodor  
ID number: 31675  
Telephone: 877-829-5500  
Accounting period ending:  
June 30  
Public charity status:  
170(b)(1)(A)(vi)  
Form 990 / 990-EZ / 990-N required:  
Yes  
Effective date of exemption:  
March 16, 2022  
Contribution deductibility:  
Yes  
Addendum applies:  
No  
DLN:  
26053529004452

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements



Charitable Gaming Division  
 Box 30023, Lansing, MI 48909  
 OVERNIGHT DELIVERY:  
 101 E. Hillisdale, Lansing MI 48933  
 (517) 335-5780  
 www.michigan.gov/cg

**LOCAL GOVERNING BODY RESOLUTION FOR CHARITABLE GAMING LICENSES**  
 (Required by MCL 432.103(K)(II))

At a \_\_\_\_\_ meeting of the \_\_\_\_\_  
REGULAR OR SPECIAL TOWNSHIP, CITY, OR VILLAGE COUNCIL/BOARD

called to order by \_\_\_\_\_ on \_\_\_\_\_  
DATE

at \_\_\_\_\_ a.m./p.m. the following resolution was offered:  
TIME

Moved by \_\_\_\_\_ and supported by \_\_\_\_\_

that the request from \_\_\_\_\_ of \_\_\_\_\_  
NAME OF ORGANIZATION CITY

county of \_\_\_\_\_, asking that they be recognized as a  
COUNTY NAME

nonprofit organization operating in the community for the purpose of obtaining charitable

gaming licenses, be considered for \_\_\_\_\_  
APPROVAL/DISAPPROVAL

**APPROVAL**

**DISAPPROVAL**

Yeas: \_\_\_\_\_

Yeas: \_\_\_\_\_

Nays: \_\_\_\_\_

Nays: \_\_\_\_\_

Absent: \_\_\_\_\_

Absent: \_\_\_\_\_

I hereby certify that the foregoing is a true and complete copy of a resolution offered and  
 adopted by the \_\_\_\_\_ at a \_\_\_\_\_  
TOWNSHIP, CITY, OR VILLAGE COUNCIL/BOARD REGULAR OR SPECIAL

meeting held on \_\_\_\_\_  
DATE

SIGNED: \_\_\_\_\_  
TOWNSHIP, CITY, OR VILLAGE CLERK

\_\_\_\_\_  
PRINTED NAME AND TITLE

\_\_\_\_\_  
ADDRESS

COMPLETION: Required.  
 PENALTY: Possible denial of application.  
 BSL-CG-1153(R8/09)