



**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
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www.detroitmi.gov

February 19, 2024

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

RE: Request to Accept and Appropriate the FY 2024 Emerging Threats – Expanding Public Health Workforce Grant

The Michigan Department of Health and Human Services has awarded the City of Detroit Health Department with the FY 2024 Emerging Threats – Expanding Public Health Workforce Grant for a total of \$47,660.00. There is no match requirement. The total project cost is \$47,660.00.

The objective of the grant is to support the public health and wellbeing of people with developmental disabilities. The funding allotted to the department will be utilized to hire a Disability Health Specialist to provide culturally affirmative and linguistically accessible information. This is a reimbursement grant.

If approval is granted to accept and appropriate this funding, the appropriation number is 21383.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

DocuSigned by:
Terri Daniels
4D2BEEE23C8D489...

Terri Daniels
Director of Grants, Office of Development and Grants

DocuSigned by:
Matthew Spayth
17E14C346551487...
Office of Budget

CC:
Sajjiah Parker, Assistant Director, Grants



Office of Development and Grants

RESOLUTION

Council Member _____

WHEREAS, the Health Department is requesting authorization to accept a grant of reimbursement from the Michigan Department of Health and Human Services, in the amount of \$47,660.00, to hire a Disability Health Specialist to provide culturally affirmative and linguistically accessible information; and

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

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 21383, in the amount of \$47,660.00, for the FY 2024 Emerging Threats – Expanding Public Health Workforce Grant.

Amendment Number: 1 to the
Between
Michigan Department of Health and Human Services
and
City of Detroit
hereinafter referred to as the "Local Governing Entity"
on Behalf of Health Department
Detroit Health Department

AMENDMENT PURPOSE AND JUSTIFICATION

1. The purpose of this amendment is to:

1. Add/revise information in Attachment I - Annual Budget Instructions;
2. Add/revise information in Attachment III - Program Specific Assurance and Requirements; and
3. Incorporate Attachment IV- Funding/Reimbursement Matrix as revised for the Essential Local Public Health Service (ELPHS) and categorical budget details, output measures and performance criteria.
4. Increase the Department's agreement amount from \$3,343,102 to \$3,390,762, as shown on the Attachment B budget pages.

2. Amendment Revisions:

The following are the additions/revisions to Attachment I and III

A) The following projects include additions/revisions as highlighted in Attachment I - Annual Budget Instructions:

No Change

B) The following projects include additions/revisions as highlighted in Attachment III - Program Specific Assurance and Requirements:

1. Expanding Public Health Workforce - New
2. Regional Lab Workforce - New

Following are adjustments to funding levels of the Local Health Department agreement as reflected in Attachment IV:

Budget line item changes are reflected in the attached budgets for the following elements:

<u>Project Title</u>	<u>Current Amount</u>	<u>Amended Amount</u>	<u>New Project Amount</u>
Expanding Public Health Workforce	0	47,660	47,660
Total Comprehensive Funding	0	47,660	47,660

Performance Level Adjustments

N/A

Budget category Adjustments

It is understood and agreed that all other conditions of the original agreement remains the same.

3. Signing this amendment

The individual or officer signing this amendment certifies by their signature that they are authorized to sign this amendment on behalf of the responsible governing board official or agency.

Signature Section

For Detroit Health Department

Christina Floyd

Deputy Director

Name

(please print)

Title

For the Michigan Department of Health and Human Services

Christine H. Sanches

02/06/2024

Christine H. Sanches, Director
Bureau of Purchasing

Date

Attachments

[Attachment I - Instructions for the Annual Budget](#)

[Attachment III - Program Specific Assurances and Requirements](#)

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
ATTACHMENT IV - Emerging Threats- Local Health Department- 2024
CONTRACT MANAGEMENT SECTION
Detroit Health Department**

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Minimum Performance Percent Number (e)		Contractor / Subreceptient (f)
COVID Immunization	Reg. Alloc.	F	1,611,011	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subreceptient
ELC Contract Tracing, Investigation, Testing Coord., and Infection Prevention	Reg. Alloc.	F	1,415,091	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subreceptient
Expanding Public Health Workforce	Reg. Alloc.	F	47,660	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subreceptient
Reopening Schools HRA	Reg. Alloc.	F	317,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subreceptient

TOTAL MDHHS FUNDING 3,390,762

***SPECIFIC OUTPUT PERFORMANCE MEASURES WILL BE INCORPORATED VIA AMENDMENT**

[Attachment IV Notes](#)

Project Budgets

1 Program Budget Summary

PROGRAM / PROJECT Emerging Threats- Local Health Department- 2024 / Expanding Public Health Workforce			DATE PREPARED 2/6/2024	
CONTRACTOR NAME Detroit Health Department			BUDGET PERIOD From : 10/1/2023 To : 9/30/2024	
MAILING ADDRESS (Number and Street) City Treasurer 1151 Taylor Ste 333-C			BUDGET AGREEMENT <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment	
			AMENDMENT # 1	
CITY Detroit	STATE MI	ZIP CODE 48202-1732	FEDERAL ID NUMBER 38-6004606	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	42,165.00	42,165.00
2	Fringe Benefits	3,226.00	3,226.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
Total Program Expenses		45,391.00	45,391.00
TOTAL DIRECT EXPENSES		45,391.00	45,391.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	2,269.00	2,269.00
Total Indirect Costs		2,269.00	2,269.00
TOTAL INDIRECT EXPENSES		2,269.00	2,269.00
TOTAL EXPENDITURES		47,660.00	47,660.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	47,660.00	47,660.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	47,660.00	47,660.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Community Health Navigator	1.0000	42165.000	0.000	FTE	42,165.00
2	Fringe Benefits					
	FICA	0.0000	7.650	42165.000		3,226.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
Total Program Expenses						45,391.00
TOTAL DIRECT EXPENSES						45,391.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		2,269.00
Total Indirect Costs						2,269.00
TOTAL INDIRECT EXPENSES						2,269.00
TOTAL EXPENDITURES						47,660.00

Summary of Budget

PROGRAM / PROJECT Emerging Threats- Local Health Department- 2024 / Emerging Threats- Local Health Department- 2024			DATE PREPARED 2/6/2024	
CONTRACTOR NAME Detroit Health Department			BUDGET PERIOD From : 10/1/2023 To : 9/30/2024	
MAILING ADDRESS (Number and Street) City Treasurer 1151 Taylor Ste 333-C			BUDGET AGREEMENT <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment	
			AMENDMENT # 1	
CITY Detroit	STATE MI	ZIP CODE 48202-1732	FEDERAL ID NUMBER 38-6004606	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	2,274,784.00	2,274,784.00
2	Fringe Benefits	187,749.00	187,749.00
3	Cap. Exp. for Equip & Fac.	100,000.00	100,000.00
4	Contractual	34,052.00	34,052.00
5	Supplies and Materials	478,107.00	478,107.00
6	Travel	94,000.00	94,000.00
7	Communication	25,000.00	25,000.00
8	All Others (ADP, Con. Employees, Misc.)	145,885.00	145,885.00
Total Program Expenses		3,339,577.00	3,339,577.00
TOTAL DIRECT EXPENSES		3,339,577.00	3,339,577.00
INDIRECT EXPENSES			
Indirect Costs			
1	Cost Allocation Plan / Other	51,185.00	51,185.00
Total Indirect Costs		51,185.00	51,185.00
TOTAL INDIRECT EXPENSES		51,185.00	51,185.00
TOTAL EXPENDITURES		3,390,762.00	3,390,762.00

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
2	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
3	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
4	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00

5	Federally Provided Vaccines	0.00	0.00	0.00	0.00
6	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
7	Required Match - Local	0.00	0.00	0.00	0.00
8	Local Non-ELPHS	0.00	0.00	0.00	0.00
9	Local Non-ELPHS	0.00	0.00	0.00	0.00
10	Local Non-ELPHS	0.00	0.00	0.00	0.00
11	Other Non-ELPHS	0.00	0.00	0.00	0.00
12	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
13	MDHHS Comprehensive	3,390,762.00	3,390,762.00	0.00	0.00
14	MCH Funding	0.00	0.00	0.00	0.00
15	Local Funds - Other	0.00	0.00	0.00	0.00
16	Inkind Match	0.00	0.00	0.00	0.00
17	MDHHS Fixed Unit Rate	0.00	0.00	0.00	0.00
	TOTAL	3,390,762.00	3,390,762.00	0.00	0.00