



CITY OF DETROIT  
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 • 628-2158  
FAX: 313 • 224 • 0542  
WWW.DETROITMI.GOV

November 12, 2021

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

**RE: Request to Accept and Appropriation the FY 2022 Women Infant Children (WIC) Breastfeeding Grant**

The Michigan Department of Health and Human Services (MDHHS) has awarded the City of Detroit Health Department with the FY 2022 Women Infant Children (WIC) Breastfeeding Grant for a total of \$245,290.00. There is no match requirement for this grant. The grant was adopted in the FY 2022 budget in the amount of \$144,000.00. The grant was awarded at a higher amount than was budgeted. We are requesting to increase appropriation 20868, in the amount of \$101,290.00, to reflect the total project cost of \$245,290.00. This funding is part of the Local Comprehensive Master Agreement.

The (WIC) Breastfeeding Grant is a reimbursement grant. The objective of the grant is to implement and maintain an effective breastfeeding peer counselor program. The funding allotted to the department will be utilized to pay for program administration, contractual salary/fringe, travel, and equipment.

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

Sincerely,  
DocuSigned by:  
*Terri Daniels*  
4D2BEEE23C8D489...

Terri Daniels  
Director of Grants, Office of Development and Grants  
CC:  
Sajjiah Parker, Assistant Director, Grants

DocuSigned by:  
*Steven Watson*  
42C91AA10FE84AD...

Office of Budget



## Office of Development and Grants

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### 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 (MDHHS), in the amount of \$245,290.00, in order to implement and maintain an effective breastfeeding peer counselor program; and

**WHEREAS**, the Grant was adopted in the FY 2022 budget under appropriation 20868, in the amount of \$144,000.00; and the grant was awarded at a higher value than was budgeted; and

**WHEREAS**, the total project cost for the awarded grant is \$245,290.00, and therefore we are requesting to increase appropriation 20868, in the amount of \$101,290.00, to reflect the total project cost; 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 increase the budget accordingly for appropriation number 20868, in the amount of \$101,290.00, for the FY 2022 Women Infant Children (WIC) Grant.

**Agreement Between**  
**Michigan Department of Health and Human Services**  
**hereinafter referred to as the "Department"**  
**and**  
**City of Detroit**  
**hereinafter referred to as the "Local Governing Entity"**  
**on Behalf of Health Department**  
**Detroit Health Department**  
**City Treasurer 1151 Taylor Ste 333-C**  
**Detroit MI 48202 1732**  
**Federal I.D.#: 38-6004606, DUNS #: 006530661**  
**hereinafter referred to as the "Grantee"**  
**for**  
**The Delivery of Public Health Services under**  
**the Local Health Department Agreement**

**Part 1**

**1. Purpose**

This Agreement is entered into for the purpose of setting forth a joint and cooperative Grantee/Department relationship and basis for facilitating the delivery of public health services to the citizens of Michigan under their jurisdiction, as described in the attached Annual Budget, established Minimum Program Requirements, and all other applicable Federal, State and Local laws and regulations pertaining to the Grantee and the Department. Public health services to be delivered under this Agreement include Essential Local Public Health Services (ELPHS) and Categorical Programs as specified in the attachments to this Agreement.

**2. Period of Agreement:**

This Agreement shall commence on the date of the Grantee's signature or October 1, 2021 whichever is later and continue through September 30, 2022. Throughout the Agreement, the date of the Grantee's signature or October 1, 2021, whichever is later, shall be referred to as the start date. This Agreement is in full force and effect for the period specified.

**3. Program Budget and Agreement Amount**

**A. Agreement Amount**

In accordance with Attachment IV - Funding/Reimbursement Matrix, the total State budget and amount committed for this period for the program elements covered by this Agreement is \$13,508,136.00.

ATTACHMENT III

**MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES  
LOCAL HEALTH DEPARTMENT AGREEMENT  
October 1, 2021 – September 30, 2022  
Fiscal Year 2022**

**PROGRAM SPECIFIC ASSURANCES AND REQUIREMENTS**

Local health service program elements funded under this agreement will be administered by the Grantee and the Department in accordance with the Public Health Code (P.A. 368 of 1978, as amended), rules promulgated under the Code, minimum program requirements and all other applicable Federal, State and Local laws, rules and regulations. These requirements are fulfilled through the following approach:

- A. Development and issuance of minimum program requirements, further describing the objective criteria for meeting requirements of law, rule, regulation, or professionally accepted methods or practices for the purpose of ensuring the quality, availability and effectiveness of services and activities.
- B. Utilization of a Minimum Reporting Requirements Notebook listing specific reporting formats, source documentation, timeframes and utilization needs for required local data compilation and transmission on program elements funded under this agreement.
- C. Utilization of annual program and budget instructions describing special program performance and funding policies and requirements unique to each State fiscal year.
- D. Execution of an agreement setting forth the basic terms and conditions for administration and local service delivery of the program elements.
- E. Emphasis and reliance upon service definitions, minimum program requirements, local budgets and projected output measures reports, State/local agreements, and periodic department on-site program management evaluation and audits, while minimizing local program plan detail beyond that needed for input on the State budget process.

Many program specific assurances and other requirements are defined within the referenced documents including Minimum Program Requirements established for the following program elements as of October 1, 2006:

- 1. Breast and Cervical Cancer Control
- 2. Clinical Laboratory
- 3. CSHCS

**5. Statement of Work**

The Grantee agrees to undertake, perform and complete the services described in Attachment III - Program Specific Assurances and Requirements and the other applicable attachments to this Agreement which are part of this Agreement.

**6. Financial Requirements**

The financial requirements shall be followed as described in Part 2 and Attachment I - Annual Budget and Attachment IV - Funding/Reimbursement Matrix, which are part of this Agreement.

**7. Performance/Progress Report Requirements**

The progress reporting methods, as applicable, shall be followed as described in Part 2 and Attachment III, Program Specific Assurances and Requirements, which are part of this Agreement.

**8. General Provisions**

The Grantee agrees to comply with the General Provisions outlined in Part 2, which are part of this Agreement .

**9. Administration of the Agreement**

The person acting for the Department in administering this Agreement (hereinafter referred to as the Contract Consultant) is:

Name: Carissa Reece  
 Title: Department Analyst  
 Telephone No.: 517-335-0940  
 E-Mail Address ReeceC@michigan.gov

The person acting for the Grantee on the financial reporting for this Agreement is:

JOSEPH MUTEBI	Accountant
<hr/>	
Name	Title
Mutebij@detroitmi.gov	(313) 876-4347
<hr/>	
E-Mail Address	Telephone No.

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**ATTACHMENT IV - Local Health Department - 2022**  
**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 Number (e)	Percent	Contractor / Subrecipient (f)
Body Art Fixed Fee	Calc. Amt.		250.00/Numbers	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Recipient
Childhood Lead Poisoning Prevention	Reg. Alloc.	F	173,750	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Children's Special Hlth Care Services (CSHCS) Care Coordination	Calc. Amt.		150.00/Variou us	Fixed Unit Rate (1), (7)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	Reg. Alloc.	F	291,823	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	291,822							
CSHCS Medicaid Elevated Blood Lead Case Mgmt	Calc. Amt.		201.58/Variou us	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Emerging Threats - Hepatitis C	Reg. Alloc.	S	109,611	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
Ending the HIV Epidemic Implementation	Reg. Alloc.	F	261,136	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	P	0							
Family Planning Services	Reg. Alloc.	F	112,650	Performance (5),(8),(13)	# Unduplicated Clinic Users served	N/A	1916	95	1820	Subrecipient
	Reg. Alloc.	F	268,850							
	Reg. Alloc.	S	71,800							
	Reg. Alloc.	S	46,700							
Fetal Infant Mortality Review (FIMR) Case Abstraction	Calc. Amt.		270.00/Variou us	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Subrecipient
FIMR Interviews	Calc. Amt.		85.00/Numbe rs	Fixed Unit Rate (2), (11)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Food ELPHS	Reg. Alloc.	S	607,074	ELPHS (3), (4)	N/A	N/A	N/A	N/A	N/A	Recipient
Hearing ELPHS	Reg. Alloc.	L	173,947	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
HIV & STI Testing and Prevention	Reg. Alloc.	F	2,500	ELPHS (3), (4)	N/A	N/A	N/A	N/A	N/A	Contractor
	Reg. Alloc.	S	125,000							

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ATTACHMENT IV - Local Health Department - 2022  
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 Number (e)	Minimum Percent	Contractor / Subrecipient (f)																																																																																																																																																											
HIV Data to Care	Reg. Alloc.	S	122,500	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient																																																																																																																																																											
	Reg. Alloc.	P	421,378								HIV Housing Assistance	Reg. Alloc.	S	0	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient		Reg. Alloc.	P	139,542	Immunization Action Plan (IAP)	Reg. Alloc.	F	304,189	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient	Immunization Action Plan-Pilot	Reg. Alloc.	F	100,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient	Immunization Fixed Fees	Calc. Amt.		300.00/Numbers	Fixed Unit Rate (2), (7)	N/A	N/A	N/A	N/A	N/A	Subrecipient	Infant Safe Sleep	Reg. Alloc.	F	12,500	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient	MCH - All Other	Reg. Alloc.	S	112,500	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient		Local MCH	S	1,438,316	MCH - Children	Local MCH	S	271,338	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient	MDHHS-Essential Local Public Health Services (ELPHS)	Reg. Alloc.	S	2,514,357	ELPHS (3),(6)	N/A	N/A	N/A	N/A	N/A	Recipient	Public Health Emergency Preparedness (PHEP) 10/1 - 6/30	Reg. Alloc.	F	159,555	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient	Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30	Reg. Alloc.	F	163,092	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient	Vector-Borne Surveillance & Prevention	Reg. Alloc.	S	9,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient	Vision ELPHS	Reg. Alloc.	L	173,947	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient	West Nile Virus Community Surveillance	Reg. Alloc.	F	10,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient	WIC Breastfeeding	Reg. Alloc.	F	245,290
HIV Housing Assistance	Reg. Alloc.	S	0	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient																																																																																																																																																											
	Reg. Alloc.	P	139,542								Immunization Action Plan (IAP)	Reg. Alloc.	F	304,189	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient	Immunization Action Plan-Pilot	Reg. Alloc.	F	100,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient	Immunization Fixed Fees	Calc. Amt.		300.00/Numbers	Fixed Unit Rate (2), (7)	N/A	N/A	N/A	N/A	N/A	Subrecipient	Infant Safe Sleep	Reg. Alloc.	F	12,500	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient	MCH - All Other	Reg. Alloc.	S	112,500	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient		Local MCH	S	1,438,316	MCH - Children	Local MCH	S	271,338	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient	MDHHS-Essential Local Public Health Services (ELPHS)	Reg. Alloc.	S	2,514,357	ELPHS (3),(6)	N/A	N/A	N/A	N/A	N/A	Recipient	Public Health Emergency Preparedness (PHEP) 10/1 - 6/30	Reg. Alloc.	F	159,555	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient	Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30	Reg. Alloc.	F	163,092	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient	Vector-Borne Surveillance & Prevention	Reg. Alloc.	S	9,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient	Vision ELPHS	Reg. Alloc.	L	173,947	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient	West Nile Virus Community Surveillance	Reg. Alloc.	F	10,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient	WIC Breastfeeding	Reg. Alloc.	F	245,290	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient								
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MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ATTACHMENT IV - Local Health Department - 2022  
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)
WIC Resident Services	Reg. Alloc.	F	4,773,969	Performance (8)	# Average Monthly Participation	N/A	N/A	97	0	Subreceptient

**TOTAL MDHHS FUNDING** **13,508,136**

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

**Attachment IV Notes**

[Attachment IV Notes](#)





- Use **WHOLE DOLLARS** Only

<b>Program</b> WIC Breastfeeding (0037)		<b>BUDGET PERIOD</b>		Date Prepared <b>7.6.2021</b>
		<b>From:</b> 10/01/21	<b>To:</b> 09/30/22	
<b>Local Agency</b> Southeastern Michigan Health Association		<b>ORIGINAL BUDGET</b>	<b>AMENDED BUDGET</b> x	<b>AMENDMENT NUMBER</b>
<b>1. SALARIES &amp; WAGES:</b>	<b>POSITIONS REQUIRED (FTEs)</b>	<b>ANNUAL SALARY</b>	<b>MONTHS ON BUDGET</b>	<b>BUDGET SALARY</b>
POSITION DESCRIPTION - EMPLOYEE				
BF- Senior BF Peer-TBD	1.00	\$ 42,000.00	12.0	42,000
BF Specialist -Vacant (No Benfits)	0.50	\$ 40,000.00	7.0	11,667
BF Specialist -L. Barksdale	0.40	\$ 40,000.00	12.0	16,000
BF Specialist-C. Miles	0.40	\$ 40,000.00	12.0	16,000
BF Specialist - L. White (No Benefits)	0.50	\$ 40,000.00	12.0	20,000
BF Specialist - J Walker (No Benefits)	0.60	\$ 40,000.00	12.0	24,000
BF Specialist -L. Sartin (No Benefits)	0.60	\$ 40,000.00	12.0	24,000
IBCLC - M Eddins	0.20	\$ 50,000.00	12.0	10,000
<b>TOTAL FTEs</b>		4.20	<b>1. TOTAL SALARIES</b>	
			<b>163,667</b>	
<b>2. FRINGE BENEFITS: (Specify)</b>			<b>Composite Rate</b>	
<input checked="" type="checkbox"/> FICA	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> VISION	<input checked="" type="checkbox"/> WORKERS	<b>18.00%</b>
<input checked="" type="checkbox"/> UNEMPLOYMENT	<input type="checkbox"/> TERM LIFE	<input type="checkbox"/> HEARING	<input type="checkbox"/> OTHER	
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> DENTAL	<b>2. TOTAL FRINGE BENEFITS:</b>		<b>31,860</b>
<b>3. TRAVEL: (Specify if any item exceeds 10% of Total Expenditures)</b>			<b>Amount</b>	
Mileage			1,000	
Travel			1,200	
<b>3. TOTAL TRAVEL:</b>				<b>2,200</b>
<b>4. SUPPLIES &amp; MATERIALS: (Specify if any item exceeds 10% of Total Expenditures)</b>			<b>Amount</b>	
General Supplies			0	
<b>4. TOTAL SUPPLIES &amp; MATERIALS:</b>				<b>0</b>
<b>5. CONTRACTUAL: (Subcontracts)</b>			<b>Amount</b>	
<b>Name</b>	<b>Address</b>			
				0
<b>5. TOTAL CONTRACTUAL:</b>				<b>0</b>
<b>6. EQUIPMENT: (Specify)</b>			<b>Amount</b>	
Equipment (Computers/C			1,960	
<b>6. TOTAL EQUIPMENT:</b>				<b>1,960</b>
<b>7. OTHER EXPENSES: (Specify if any item exceeds 10% of Total Expenditures)</b>			<b>Amount</b>	
<b>Others (explain):</b>				
<b>7. TOTAL OTHER EXPENSES:</b>				<b>0</b>
<b>8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)</b>				<b>199,687</b>
<b>9. INDIRECT COST CALCULATIONS:</b>			<b>Amount</b>	
Rate #1	SEMHA BASE \$	199,687	x rate 5.00% =	9,984
Rate #2	DHD BASE \$	195,527	x rate 15.00% =	29,329
<b>9. TOTAL INDIRECT EXPENDITURES:</b>				<b>39,313</b>
<b>10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)</b>				<b>239,000</b>
<b>AUTHORITY:</b> P.A. 368 of 1978			The Department of Community Health is an equal opportunity employer, services and programs provider.	
<b>COMPLETION:</b> Is Voluntary, but is required as a condition of funding.				
DCH-0386(E) (Rev. 9-04) (EXCEL) Previous Edition Obsolete			<b>Use Additional Sheets as Needed</b>	

Direct Services+SEMHA	209,671
City 3%	6290
DHD Admin (15%)	29,329
Total program expense	245,290
Total Award	245,290
Difference	0

4. EGLE Drinking Water and Onsite Wastewater Management
5. Family Planning
6. Food ELPHS
7. Hearing ELPHS
8. HIV/STD Prevention Treatment
9. MDHHS Essential Local Public Health Services (ELPHS)
10. Michigan Care Improvement Registry
11. Vision ELPHS
12. WIC

For Fiscal Year 2022, special requirements are applicable for the remaining program elements listed in the attached pages.

## **Attachment IV Reimbursement Chart**

### **Program Element:**

The Program Element indicates currently funded Department programs that are included in the Comprehensive Local Health Department Agreement.

### **Reimbursement Methods**

The Reimbursement Methods specifies the type of method used for each of the program element/funding sources. Funding under the Comprehensive Local Health Department Agreement can generally be grouped under four (4) different methods of reimbursement. These methods are defined as follows:

### **Performance Reimbursement**

A reimbursement method by which local agencies are reimbursed based upon the understanding that a certain level of performance (measured by outputs) must be met in order to receive full reimbursement of costs (net of program income and other earmarked sources) up to the contracted amount of state funds prior to any utilization of local funds. Performance targets are negotiated starting from the last year's negotiated target and the most recent year's actual numbers except for programs in which caseload targets are directly tied to funding formulas/annual allocations. Other considerations in setting performance targets include changes in state allocations from past years, local fiscal and programmatic factors requiring adjustment of caseloads, etc. Once total performance targets are negotiated, a minimum state funded performance target percentage is applied (typically 90% unless otherwise specified). If local Grantee actual performance falls short of the expectation by a factor greater than the allowed minimum performance percentage, the state maximum allocation for cost reimbursement will be reduced equivalent to actual performance in relation to the minimum

performance.

### **Fixed Unit Rate Reimbursement**

A reimbursement method by which local health departments are reimbursed a specific amount for each output actually delivered and reported.

### **ELPHS**

A reimbursement method by which local health departments are reimbursed a share of reasonable and allowable costs incurred for required Essential Local Public Health Services (ELPHS), as noted in the current Appropriations Act.

### **Grant Reimbursement**

A reimbursement method by which local health departments are reimbursed based upon the understanding that State dollars will be paid up to total costs in relation to the State's share of the total costs and up to the total state allocation as agreed to in the approved budget. This reimbursement approach is not directly dependent upon whether a specified level of performance is met by the local health department. Department funding under this reimbursement method is allocable and a source before any local funding requirements unless a special local match condition exists.

### **Performance Level If Applicable**

The Performance Level column specifies the minimum state funded performance target percentage for all program elements/funding sources utilizing the performance reimbursement method (see above). If the program elements/funding source utilizes a reimbursement method other than performance or if a target is not specified, N/A (not available) appears in the space provided.

### **Performance Target Output Measures**

Performance Target Output Measure column specifies the output indicator that is applicable for the program elements/ funding source utilizing the performance reimbursement method. Output measures are based upon counts of services delivered.

### **Relationship Designation**

The Subrecipient, Contractor, or Recipient Designation column identifies the type of relationship that exists between the Department and grantee on a program-by-program basis. Federal awards expended as a subrecipient are subject to audit or other requirements of Title 2 Code of

Federal Regulations (CFR). Payments made to or received as a Contractor are not considered Federal awards and are, therefore, not subject to such requirements.

### **Subrecipient**

A subrecipient is a non-Federal entity that expends Federal awards received from a pass-through entity to carry out a Federal program, but does not include an individual that is a beneficiary of such a program; or is a recipient of other Federal awards directly from a Federal Awarding agency. Therefore, a pass-through entity must make case-by-case determinations whether each agreement it makes for the disbursement of Federal program funds casts the party receiving the funds in the role of a subrecipient or a contractor. Subrecipient characteristics include:

- Determines who is eligible to receive what Federal assistance;
- Has its performance measured in relation to whether the objectives of a Federal program were met;
- Has responsibility for programmatic decision making;
- Is responsible for adherence to applicable Federal program requirements specified in the Federal award; and
- In accordance with its agreements uses the Federal funds to carry out a program for a public purpose specified in authorizing status as opposed to providing goods or services for the benefit of the pass-through entity.

### **Contractor**

A Contractor is for the purpose of obtaining goods and services for the non-Federal entity's own user and creates a procurement relationship with the Grantee. Contractor characteristics include:

- Provides the goods and services within normal business operations;
- Provides similar goods or services to many different purchasers;
- Normally operates in a competitive environment;
- Provides goods or services that are ancillary to the operation of the Federal program; and
- Is not subject to compliance requirements of the Federal program as a result of the agreement, though similar requirements may apply for other reasons.

In determining whether an agreement between a pass-through entity and another non-Federal entity casts the latter as a subrecipient or a contractor, the substance of the relationship is more important than the form of the agreement. All of the characteristics listed above may not be present in all cases, and the pass-through entity must use judgment in classifying each agreement as a subaward or a procurement contract.

## Recipient

A Recipient is for grant agreement with no federal funding.

## Amendment Schedule

	<b>Amendment Request Due Date</b>	<b>Anticipated Consolidation Date</b>	<b>New Project Start / Effective Date</b>
<b>FY 2022</b>			
Original Agreement	Completed by Program office	August 31, 2021	October 1, 2021
Amendment #1 - New Projects Only	Completed by program office	October 19, 2021	November 1, 2021
Amendment #2	February 1, 2022	April 21, 2022	May 1, 2022
Amendment #3	May 13, 2022	July 15, 2022	August 1, 2022

## Key Terms

- **Amendment Request Due Date** – The date amendment requests are due to the program office.
  - a. Budget category amendment requests need to be submitted to the program office.
- **Anticipated Consolidation Date** – The day the agreement (original/amendment) will be released to the health department for final signature.
- **New Project Start/Effective Date** – The date new projects are expected to start, unless otherwise communicated by the program office.

PROJECT	CONTRACT MANAGER	EMAIL	PHONE
Administration Projects	Laura de la Rambelje	DelaRambeljeL@michigan.gov	(517) 284-9002
Adolescent STI Screening	Christopher Stickney	StickneyC@michigan.gov	(517) 245-3362
Asthma Demonstration Project	Laura de la Rambelje	DelaRambeljeL@michigan.gov	(517) 284-9002
Body Art Fixed Fee (facility Licensing)	Joseph Coyle	coylej@michigan.gov	(517) 284-4915
Breast & Cervical Cancer Control (BCCCP) Coordination	Polly Hager	hagerp@michigan.gov	(517) 335-9729
Child and Adolescent Health Center Program Expansion	Kim Kovalchick	KovalchickK@michigan.gov	(517) 335-6599
Childhood Lead Poisoning Prevention	Michelle Twichell	twichellm@michigan.gov	(517) 284-0053
Children's Special Hlth Care Services (CSHCS) Care Coordination	Kelly Gram	Gramk2@michigan.gov	(517) 335-8630
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	Kelly Gram	Gramk2@michigan.gov	(517) 335-8630
CSHCS Medicaid Elevated Blood Lead Case Mgmt	Michelle Twichell	twichellm@michigan.gov	(517) 284-0053
CSHCS Medicaid Outreach	Kelly Gram	Gramk2@michigan.gov	(517) 335-8630
Diabetes and Kidney Disease in People Living with HIV	Richard Wimberley	wimberleyr@michigan.gov	(517) 335-8369
Eat Safe Fish	Gerald Tiernan	TIERNANG@michigan.gov	(517) 388-7471
EGLE Drinking Water and Onsite Wastewater Management	Dana DeBruyn	debruyn@michigan.gov	(517) 930-6463
Emerging Threats - Hepatitis C	Joseph Coyle	coylej@michigan.gov	(517) 284-4915
Ending the HIV Epidemic Implementation	Loren Powell	powell@michigan.gov	(517) 335-9857
Expanding, Enhancing Emotional Health - EEEH (all locations)	Taggart Doll	dollt@michigan.gov	(517) 335-9720
Family Planning Services	Deanna Charest	CharestD@michigan.gov	(517) 335-8861
Fetal Alcohol Spectrum Disorder Community Projects	Aurea Booncharoen	booncharoena@michigan.gov	(517) 335-9750
Fetal Infant Mortality Review (FIMR) Case Abstraction	Deanna Charest	CharestD@michigan.gov	(517) 335-8861
FFPSA HV Expansion	Charisse Sanders	sandersc2@michigan.gov	(517) 241-1676
FIMR Interviews	Nicholas Drzal	drzaln@michigan.gov	(517) 241-5380
Food ELPHS	Adam Christenson	christensona@michigan.gov	(517) 284-5706
Gonococcal Isolate Surveillance Project	Christopher Stickney	StickneyC@michigan.gov	(517) 245-3362
Harm Reduction Support Services	Joseph Coyle	coylej@michigan.gov	(517) 284-4915
Hearing ELPHS	Jennifer Dakers	DakersJ@michigan.gov	(517) 335-8353
HIV & STI Testing and Prevention	Loren Powell	powell@michigan.gov	(517) 335-9857
HIV / STI Partner Services	Christopher Stickney	StickneyC@michigan.gov	(517) 245-3362
HIV Care Coordination	Beverly Haske	HaskeB@michigan.gov	(517) 335-1486
HIV Data to Care	Beverly Haske	HaskeB@michigan.gov	(517) 335-1486
HIV Housing Assistance	Beverly Haske	HaskeB@michigan.gov	(517) 335-1486
HIV Linkage to Care	Beverly Haske	HaskeB@michigan.gov	(517) 335-1486
HIV Medical Care	Beverly Haske	HaskeB@michigan.gov	(517) 335-1486
HIV PrEP Clinic	Loren Powell	powell@michigan.gov	(517) 335-9857
HIV Prevention	Loren Powell	powell@michigan.gov	(517) 335-9857
HIV Ryan White Part B	Beverly Haske	HaskeB@michigan.gov	(517) 335-1486
HOPWA Plus	Lynn Hendges	HendgesL2@michigan.gov	(517) 284-8018
Immunization Action Plan - Pilot	Tina Scott	ScottT1@michigan.gov	(517) 284-4899
Immunization Action Plan (IAP)	Tina Scott	ScottT1@michigan.gov	(517) 284-4899
Immunization Field Services Rep	Tina Scott	ScottT1@michigan.gov	(517) 284-4899
Immunization Fixed Fees	Tina Scott	ScottT1@michigan.gov	(517) 284-4899

Immunization Michigan Care Improvement Registry (MCIR) Regions	Tina Scott	ScottT1@michigan.gov	(517) 284-4899
Immunization Vaccine Quality Assurance	Tina Scott	ScottT1@michigan.gov	(517) 284-4899
Infant Safe Sleep	Nicholas Drzal	drzaln@michigan.gov	(517) 241-5380
Informed Consent	Laura de la Rambelje	DelaRambeljeL@michigan.gov	(517) 284-9002
Laboratory Services Bio	Marty Soehrlen	soehrlenm@michigan.gov	(517) 335-8064
Lactation Consultant	Shatoria Townsend	TownsendS2@michigan.gov	(517) 373-6486
Lead Hazard Control	Hope McElhone	mcelhoneh@michigan.gov	(517) 284-4831
Local Health Department (LHD) Sharing Support	Laura de la Rambelje	DelaRambeljeL@michigan.gov	(517) 284-9002
Local MCH (MCH Children and MCH - All Other)	Trudy Esch	EschT@michigan.gov	(517) 241-3593
Maternal Infant Erly Chd Home Visiting Initiative Rural Local Home Visiting Grp	Tiffany Kostelec	kostelect@michigan.gov	(517) 335-4663
Maternal Infant Erly Chd Home Visiting Initiative Rural Local Home Visiting Grp3	Tiffany Kostelec	kostelect@michigan.gov	(517) 335-4663
MDHHS Essential Local Public Health Services (ELPHS)	Laura de la Rambelje	DelaRambeljeL@michigan.gov	(517) 284-9002
Medicaid Outreach	Trudy Esch	EschT@michigan.gov	(517) 241-3593
MI Adolescent Pregnancy & Parenting Program	Hillary Brandon	brandonh@michigan.gov	(517) 335-5928
MI Home Visiting Initiative Rural Expansion Grant	Tiffany Kostelec	kostelect@michigan.gov	(517) 335-4663
MIECHVP Healthy Families America Expansion	Tiffany Kostelec	kostelect@michigan.gov	(517) 335-4663
Nurse Family Partnership Services	Tiffany Kostelec	kostelect@michigan.gov	(517) 335-4663
Nurse Family Partnership Services Medicaid Outreach	Tiffany Kostelec	kostelect@michigan.gov	(517) 335-4663
Public Health Emergency Preparedness (PHEP) 10/1- 6/30	Mary Macqueen	macqueenm@michigan.gov	(517) 335-9401
Public Health Emergency Preparedness (PHEP) 7/1- 9/30	Mary Macqueen	macqueenm@michigan.gov	(517) 335-9401
Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30	Mary Macqueen	macqueenm@michigan.gov	(517) 335-9401
Public Health Emergency Preparedness (PHEP) CRI 7/1 - 9/30	Mary Macqueen	macqueenm@michigan.gov	(517) 335-9401
Regional Perinatal Care System	Dawn Shanafelt	ShanafeltD@michigan.gov	(517) 335-4945
Seal! Michigan Dental Sealant	Christine Farrell	farrellc@michigan.gov	(517) 335-8388
Sexually Transmitted Infection (STI) Control	Christopher Stickney	StickneyC@michigan.gov	(517) 245-3362
STI Specialty Serivces	Christopher Stickney	StickneyC@michigan.gov	(517) 245-3362
Taking Pride in Prevention	Kara Anderson	andersonk10@michigan.gov	(517) 335-1158
Tuberculosis (TB) Control	Peter Davidson	davidsonp@michigan.gov	(517) 284-4922
Vector-Borne Surveillance & Prevention	Mary Grace Stobierski	stobierskim@michigan.gov	(517) 284-4928
Vision ELPHS	Rachel Schumann	schumannr@michigan.gov	(517) 335-6596
West Nile Virus Community Surveillance	Emily Dinh / Kimberly Signs	DinhE@michigan.gov/signsk@michigan.gov	(517) 284-4961 / (517) 284-4951
WIC Breastfeeding	Cecilia Hutson	HutsonC1@michigan.gov	(517) 335-8625
WIC Migrant	Cecilia Hutson	HutsonC1@michigan.gov	(517) 335-8625
WIC Resident Services	Cecilia Hutson	HutsonC1@michigan.gov	(517) 335-8625
Wisewoman	Polly Hager	hagerp@michigan.gov	(517) 335-9729



## PROJECT: Women Infant Children (WIC)

WIC Breastfeeding

WIC Migrant

WIC Resident

Beginning Date: 10/1/2021

End Date: 9/30/2022

### **Project Synopsis**

Women, Infants, and Children (WIC) is a federally funded Special Supplemental Nutrition Program of the Food and Nutrition Service of the United States Department of Agriculture and is administered by the Michigan Department of Health and Human Services to serve low and moderate income pregnant, breastfeeding, and postpartum women, infants, and children up to age five who are found to be at nutritional risk through its statewide local WIC agencies.

WIC is a health and nutrition program that has demonstrated a positive effect on pregnancy outcomes, child growth and development. The program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals to health care. Participants redeem WIC food benefits at approved retail grocery stores and pharmacies. WIC foods are selected to meet nutrient needs such as calcium, iron, folic acid, vitamins A & C.

### **Reporting Requirements (if different than contract language)**

- A Financial Status Report (FSR) must be submitted to the Department on a quarterly basis by deadlines as defined by MDHHS Expenditure Operations. Grantees shall (when requested) annually report expenditures on a supplemental form, if needed and required, to be provided by the Department and attached to the final Financial Status Report (FSR) which is due on November 30 after the end of the fiscal year in EGrAMS.
- As part of the Breastfeeding Peer Counseling Grant, the Grantee must submit quarterly progress reports to the State Breastfeeding Peer Counselor Coordinator (or designee) by the 15<sup>th</sup> of the month following end of quarter.

- Funds allocated for the Breastfeeding Peer Counseling Program are exempt from the WIC Nutrition Education and Breastfeeding Time Study.

### **Additional Requirements**

- The Grantee is required to comply with all applicable WIC federal regulations, policy and guidance.
- The Grantee is required to comply with all State WIC Policies.
- The Grantee is required to complete the NE and BF Time Study as instructed by the MDHHS WIC Program. Breastfeeding Peer Counseling grant, if supported with funds allocated through the WIC funding formula, must report as time study data.
- The Grantee must follow the allowable expense guidelines provided by USDA FNS for the Peer Counselor Grant.

*The primary purpose of these funds is to provide breastfeeding support services through peer counseling to WIC participants. The Grantee must follow the staffing requirements as set forth in the Loving Support Model and through signed allocation letter for the Breastfeeding Peer Counseling Grant.*

- Comply with the requirements of the WIC program as prescribed in the Code of Federal Regulations (7 CFR, Part 246) including the following special provisions from Part 246.6 (f)(1)(2):

(f) *Outreach/Certification In Hospitals.* The State agency shall ensure that each local agency operating the program within a hospital and/or that has a cooperative arrangement with a hospital:

(1) Advises potentially eligible individuals that receive inpatient or outpatient prenatal, maternity, or postpartum services, or that accompany a child under the age of 5 who receives well-child services, of the availability of program services; and

(2) To the extent feasible, provides an opportunity for individuals who may be eligible to be certified within the hospital for participation in the WIC Program. [246.6(F)(1)].

- The Grantee in accordance with the general purposes and objectives of this agreement, will comply with the federal regulations requiring that any individual

that embezzles, willfully misapplies, steals or obtains by fraud, any funds, assets or property provided, whether received directly or indirectly from the USDA, that are of a value of \$100 or more, shall be subject to a fine of not more than \$25,000.

- The Grantee is required to operate the Project FRESH Program within the guidelines as laid out in the “WIC Project FRESH Local Agency Guidebook”.
- The Grantee is required to abide by the Dissemination License Agreement between Michigan State University and Michigan Department of Health and Human Services for “Mothers in Motion.” Any use of these licensed materials in the provision of program related services is subject to the terms and conditions outlined in the licensure agreement, which is included in Addendum 1, as reference.

**WIC Resident Services/Migrant/Breastfeeding Peer Counseling Grant Training and Education Requirements:**

The Grantee is required to comply with MI-WIC Policy 1.07L Staff Training Plan as detailed for applicable staff as it pertains to all State WIC training opportunities.