



## DEPARTMENTAL SUBMISSION

DEPARTMENT: OCFO - Development & Grants  
FILE NUMBER: OCFO - Development & Grants-0615

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**\* RE:**

**Submitting reso. auth. Authorization to submit a grant application to the Michigan Health Endowment Fund for the FY 2025 Nutrition & Healthy Lifestyles Initiative.**

**\* SUMMARY:**

The General Service Department is hereby requesting authorization from Detroit City Council to submit a grant application to the Michigan Health Endowment Fund for the FY 2025 Nutrition & Healthy Lifestyles Initiative. The amount being sought is \$500,000.00. There is no City match requirement. The total project cost is \$500,000.00.

**\* RECOMMENDATION:**

**Authorization to submit a grant application to the Michigan Health Endowment Fund for the FY 2025 Nutrition & Healthy Lifestyles Initiative.** The General Service Department is hereby requesting authorization from Detroit City Council to submit a grant application to the Michigan Health Endowment Fund for the FY 2025 Nutrition & Healthy Lifestyles Initiative. The amount being sought is \$500,000.00. There is no City match requirement. The total project cost is \$500,000.00.

**\* DEPARTMENTAL CONTACT:**

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Position: Program Analyst

**\*=REQUIRED**