



**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
Fax 313•224•0542
www.detroitmi.gov

June 2, 2025

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

RE: Authorization to submit a grant application to the Michigan Department of Health and Human Services for the FY 2026 Medicaid CHIP Community Development Lead Hazard Control Program

The Housing and Revitalization Department is hereby requesting authorization from Detroit City Council to submit a grant application to the Michigan Department of Health and Human Services for the FY 2026 Medicaid CHIP Community Development Lead Hazard Control Program. The amount being sought is \$1,500,000.00. There is no City match requirement. The total project cost is \$1,500,000.00.

The FY 2026 Medicaid CHIP Community Development Lead Hazard Control Program will enable the department to:

- Provide residential lead hazard control services in households enrolled in Medicaid including identifying lead paint hazards, remediation and lead clearances

We respectfully request your approval to submit the grant application by adopting the attached resolution.

Sincerely,

DocuSigned by:

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Terri Daniels
Director of Grants, Office of Development and Grants

CC:
Sajjiah Parker, Assistant Director, Grants

Office of Development and Grants

RESOLUTION

Council Member _____

WHEREAS, the Housing and Revitalization Department has requested authorization from City Council to submit a grant application to the Michigan Department of Health and Human Services, for the FY 2026 Medicaid CHIP Community Development Lead Hazard Control Program, in the amount of \$1,500,000.00, to provide residential lead hazard control services in households enrolled in Medicaid; now

THEREFORE, BE IT RESOLVED, the Housing and Revitalization Department is hereby authorized to submit a grant application to the Michigan Department of Health and Human Services for the FY 2026 Medicaid CHIP Community Development Lead Hazard Control Program.



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

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Grant Application Request Form (GARF)

In order to secure the Office of Development and Grants (ODG) approval required under Section 17-4-2 of the Detroit City Code, this form is to be filled out by City Departments as soon as possible upon learning of an opportunity that the Department would like to pursue. This form must be signed and submitted not later than 20 business days prior to the application deadline.

Please submit this form to the following ODG staff: Sajjiah Parker, Assistant Director, parkersa@detroitmi.gov and the Department/Project assigned Development Officer.

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|---|---|
| City Department | Housing and Revitalization Department |
| Date | 5/28/2025 |
| Department Contact Name | Anna Pinter |
| Department Contact Phone | (313) 351-5078 |
| Department Contact Email | pintera@detroitmi.gov |
| Grant Opportunity Title | Medicaid CHIP Community Development Lead Hazard Control Program FY26 |
| Grant Opportunity Funding Agency | Michigan Department of Health and Human Services |
| Web Link to Opportunity Information | https://egram-mi.com/mdhhs/user/home.aspx |
| Award Amount (that Department will apply for) | \$1,500,000 |
| Application Due Date | June 20, 2025 |
| Anticipated Proposed Budget Amount | \$1,500,000 |
| City Match Contribution Amount | \$0.00 |
| Source of City Match (include Appropriation Number, Cost Center, and Object Code) | no match required |
| List of programs/services/activities to be funded and the Budget for each <i>Sample:</i> - ABC Afterschool program: \$150,000 - XYZ Youth leadership program: \$100,000 - Salary/Benefits: \$95,000 - Supplies: \$5,000 | Provide residential lead hazard control services in households enrolled in medicaid including identifying lead paint hazards, remediation and lead clearances. |
| Brief Statement of Priorities/Purpose for the Application <i>Sample: To support expansion of promising youth development programs in MNO neighborhood.</i> | This funding will assist in the reduction of lead paint hazards in homes, prioritizing families with children under 6 years of age with elevated blood lead levels. |
| Key Performance Indicators to be Used to Measure the Programs/Services/Activities <i>Sample:</i> # of kids newly enrolled in ABC and XYZ % of kids from ABC who demonstrate improved educational performance | Number of families referred from Detroit Health Dept and State of Michigan. Number of applications processed Number of homes inspected and Number of homes abated. |

Rico Razo

Director's Name (Please Print)

DocuSigned by:

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Director's Signature

5/29/2025

Date