



**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 24, 2025

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


**RE: The Detroit Public Safety Foundation request to accept the Mental Health Co-Response Grant**

The Flinn Foundation has awarded the Detroit Public Safety Foundation (DPSF), with the Mental Health Co-Response Grant in the amount of \$200,000.00. There is no match requirement. The total project cost is \$200,000.00.

The objective of the grant is to sustain Detroit's Mental Health Co-Response program. The funding allotted to DPSF will be utilized to enhance and sustain this collaborative, Mayor's Office initiative aimed at reducing reliance on emergency systems by proactively connecting individuals in crisis to appropriate care.

I respectfully ask your approval for DPSF to accept this funding in accordance with the attached resolution.

Sincerely,

DocuSigned by:  
  
4D2BEEE23C8D489...

Terri Daniels  
Director, Office of Development and Grants

CC:  
Sajjiah Parker, Assistant Director, Grants

## Office of Development and Grants

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### RESOLUTION

**Council Member** \_\_\_\_\_

**WHEREAS**, the Detroit Public Safety Foundation has been awarded a grant from the Flinn Foundation, in the amount of \$200,000.00, to support the Mayor's Office's initiative aimed at reducing reliance on emergency systems by proactively connecting individuals in crisis to appropriate care; and

**THEREFORE, BE IT RESOLVED** that the Detroit Public Safety Foundation is hereby authorized to accept the Mental Health Co-Response Grant, from the Flinn Foundation.



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[EXTERNAL] Fwd: Flinn Foundation Grant Award Notice for Grant #1692

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From Carter Drewry <cdrewry@detroitpublicsafety.org>

Date Mon 6/23/2025 9:29 AM

To Karen Brown <brownka@detroitmi.gov>

----- Forwarded message -----

From: **Ms. Arnita Thorpe** <[mail@grantapplication.com](mailto:mail@grantapplication.com)>

Date: Wed, May 21, 2025 at 12:00 PM

Subject: Flinn Foundation Grant Award Notice for Grant #1692

To: <[steint@detroitmi.gov](mailto:steint@detroitmi.gov)>

Cc: <[cdrewry@detroitpublicsafety.org](mailto:cdrewry@detroitpublicsafety.org)>, <[Pkukula@detroitpublicsafety.org](mailto:Pkukula@detroitpublicsafety.org)>

May 21, 2025

Ms. Trisha Stein  
Detroit Public Safety Foundation  
2 Woodward Avenue  
Detroit, MI 48226+3462

Re: Grant #1692

Dear Ms. Stein:

We are pleased to announce that a grant of \$200,000 (over two years) was approved at our Board of Trustees meeting on May 20, 2025. These funds are to support the Detroit Public Safety Foundation's project, Mental Health Co-Response Program Expansion.

In accordance with your Grant Award Contract there are several reporting requirements. Please complete and submit your Grant Award Contract to us no later than May 30, 2025.

This report must be submitted online, via your "My Account" page.

Click the following link or copy and paste into a browser: [https://www.GrantRequest.com/SID\\_1298?SA=AM](https://www.GrantRequest.com/SID_1298?SA=AM)

Log in with the username/password you created when you submitted your request for funding. Once you have logged in, click the link at the top labeled "REQUIREMENTS" to take you to the Grant Award Contract.

Upon receipt of your Grant Contract, we will submit a direct deposit payment through Bill.com of

\$100,000 for the first year award to the Detroit Public Safety Foundation's account by June, 2025.  
Please reference the above grant number when submitting any correspondence.

It is our pleasure to support the Detroit Public Safety Foundation. We look forward to hearing about your accomplishments during the year.

Andrea M. Cole, President and CEO  
Ethel and James Flinn Foundation  
333 West Fort Street, Suite 1950  
Detroit, MI 48226  
Phone: (313) 309-3437  
Email: [acole@flinnfoundation.org](mailto:acole@flinnfoundation.org)

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Ms. Carter Drewry  
Director of Communications, Grants and Administration  
Detroit Public Safety Foundation  
1301 Third St., Suite 547  
Detroit, MI 48226  
[313-628-2169](tel:313-628-2169) (office)  
[434-989-2262](tel:434-989-2262) (cell)

[www.detroitpublicsafety.org/donate](http://www.detroitpublicsafety.org/donate)  
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<https://www.facebook.com/detroitpublicsafety/>

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**The Flinn Foundation**  
**Budget/Actual Expenditure Form**  
 For Year [1]

The purpose of this Budget Form is to provide The Ethel and James Flinn Foundation with complete information about your program's projected expenses and revenue. Please submit this budget form with your complete proposal and required attachments. Please itemize where necessary (for example, salaries). Include costs that are directly related to the program and indispensable to it. The Foundation will not approve indirect costs budgeted as a percentage of the grant amount. If your request is for more than one year, complete the spreadsheet for each year you are requesting funding (see tabs below). **NOTE:** You will also use this form to submit Actual Expenditures with your Progress and/or Final Expenditure Report. Keep a saved copy for your records.

<b>Mental Health Co-Response</b>	<b>Total for Program</b>	<b>Amount Requested from the Foundation</b>	<b>* Actual Expenditures</b>
<b>EXPENSES</b>			
Salaries (Itemize. If less than full time, prorate or specify number of FTE)	\$80,000	\$80,000	\$80,000
Evaluation			
Professional Services (legal, accounting, etc.)			
Training	10,000	10,000	10,000
Consultants/Contracted Services (other than evaluation)			
Travel			
Equipment, Technology and/or Supplies			
Printing and Copying			
Other DPSF Fee)	10,000	10,000	10,000
<b>TOTAL EXPENSES</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>
<b>REVENUE</b>	<b>Committed</b>	<b>Pending</b>	
Grants/Contracts/Contributions:			
The Flinn Foundation Request			
Government (indicate whether local, state, federal)			
Other Foundation Support			
Other (Specify detail budget expenses in this category below)			
In-Kind (indicate source)			
<b>TOTAL REVENUE AND RESOURCES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>ITEMIZATION</b>	<b>Total for Program</b>	<b>Amount Requested from the Foundation</b>	<b>* Actual Expenditures</b>
<b>EXPENSES</b>			
Annual Salary for Case Manager to coordinate post-crisis care			
Training for awareness and care referrals			
DPSF Administration - budget, expenses, grant reporting, liaison between a			
<b>TOTAL EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\* Only applicable when submitting a Progress or Final Expenditure Report



**The Flinn Foundation**  
**Budget/Actual Expenditure Form**  
 For Year [2]

The purpose of this Budget Form is to provide The Ethel and James Flinn Foundation with complete information about your program's projected expenses and revenue. Please submit this budget form with your complete proposal and required attachments. Please itemize where necessary (for example, salaries). Include costs that are directly related to the program and indispensable to it. The Foundation will not approve indirect costs budgeted as a percentage of the grant amount. If your request is for more than one year, complete the spreadsheet for each year you are requesting funding (see tabs below). **NOTE:** You will also use this form to submit Actual Expenditures with your Progress and/or Final Expenditure Report. Keep a saved copy for your records.

<b>Mental Health Co-Response</b>	<b>Total for Program</b>	<b>Amount Requested from the Foundation</b>	<b>* Actual Expenditures</b>
<b>EXPENSES</b>			
Salaries (Itemize. If less than full time, prorate or specify number of FTE)	\$80,000	\$80,000	\$80,000
Evaluation			
Professional Services (legal, accounting, etc.)			
Training	10,000	10,000	10,000
Consultants/Contracted Services (other than evaluation)			
Travel			
Equipment, Technology and/or Supplies			
Printing and Copying			
Other (DPSF Administration)	10,000	10,000	10,000
<b>TOTAL EXPENSES</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>
<b>REVENUE</b>	<b>Committed</b>	<b>Pending</b>	
Grants/Contracts/Contributions:			
The Flinn Foundation Request			
Government (indicate whether local, state, federal)			
Other Foundation Support			
Other (Specify)			
In-Kind (indicate source)			
<b>TOTAL REVENUE AND RESOURCES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>ITEMIZATION</b>	<b>Total for Program</b>	<b>Amount Requested from the Foundation</b>	<b>* Actual Expenditures</b>
<b>EXPENSES</b>			
Annual Salary for Case Manager to coordinate post-crisis care			
Training for awareness and care referrals			
DPSF Administration - budget, expenses, grant reporting, liaison between a			
<b>TOTAL EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\* Only applicable when submitting a Progress or Final Expenditure Report