



**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

September 4, 2025

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 2025 Behavioral Health Grant**

The Michigan Health Endowment Fund has awarded the City of Detroit Fire Department with the FY 2025 Behavioral Health Grant for a total of \$499,100.00. There is no match requirement. The total project cost is \$499,100.00.

The objective of the grant is to increase treatment retention for older adults in Detroit with substance use disorders. The funding allotted to the department will be utilized to establish a community of service providers that are caring for older adults with substance abuse disorders in residential care and inpatient settings.

If approval is granted to accept and appropriate this funding, the appropriation number is 21573.

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*  
17E14C346551467...  
Office of Budget

CC:  
Sajjiah Parker, Assistant Director, Grants

DocuSigned by:  
*Cheryl Smith-Williams*  
B8CAE73E4C67487...  
Agreement Approved as to Form  
By the Law Department



## Office of Development and Grants

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### RESOLUTION

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

**WHEREAS**, the Fire Department is requesting authorization to accept a grant of reimbursement from the Michigan Health Endowment Fund, in the amount of \$499,100.00, to increase treatment retention for older adults in Detroit with substance use disorders; and

**WHEREAS**, the Law Department has approved the attached agreement as to form; and

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

**THEREFORE, BE IT RESOLVED** that the Director for the Office of Development and Grants is hereby authorized to sign 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 21573, in the amount of \$499,100.00, for the FY 2025 Behavioral Health Grant.



9829 Spencer Road, Suite 201 | Brighton, MI 48114 | 517-374-0031 | [mihealthfund.org](http://mihealthfund.org)

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September 3, 2025

Terri Daniels  
City of Detroit  
Coleman A. Young Municipal Center 2 Woodward Avenue  
Detroit, Michigan 48226

Re: Grant #R-2504-156127

Dear Terri Daniels:

We are pleased to inform you that on September 3, 2025, the Michigan Health Endowment Fund Board of Directors approved a grant of \$499,100.00 to City of Detroit to support the program entitled Increasing Treatment Retention for Older Adults in Detroit with Substance Use Disorders. Please refer to the above grant number in any correspondence regarding this grant.

Your Program Officer for this award is Sarah Wasil and can be reached at [sarah@mihealthfund.org](mailto:sarah@mihealthfund.org).

**The grant period for this award is as follows:**

**Begins** 10/1/2025

**Ends** 9/30/2027

A copy of the Health Fund's Grant Agreement is saved in the attachments section of your proposal within the Health Fund's [grants portal](#). Please make note of all provisions and procedures indicated in the Agreement, and send any questions you have about the Agreement to the Grants Management team at [grants@mihealthfund.org](mailto:grants@mihealthfund.org).

**Communications:**

As part of the Agreement, we request that you acknowledge the Health Fund in all promotional materials, publications, and media outreach directly related to this program. We are available to review any press releases or other materials as needed, and will provide our logo and boilerplate text upon request. Please refer to the communications guidelines available in the attachments section of your proposal in the grants system for more detail and contact Dan Trudeau, the Health Fund's Senior Communications Officer, at [dan@mihealthfund.org](mailto:dan@mihealthfund.org) with questions.

**Payment:**

We anticipate that the grant will be paid according to the schedule below after the Agreement has been signed by all parties and any additional conditions have been met.

Amount/Date:

\$249,550.00 10/15/2025

\$249,550.00 11/15/2026

**Reporting:**

As part of our commitment to the success of all grants, we require grantees to provide periodic progress reports which allow us to monitor and evaluate progress. These reports may entail either a written narrative or a call to discuss progress, challenges, and other ways the Health Fund can support you. You will also be

Note that we have identified the following reporting schedule for your grant:

Welcome Report Due: 9/10/2025  
Phone Check In Due: 3/31/2026  
Interim Report Due: 9/30/2026  
Phone Check In Due: 4/1/2027  
Final Report Due: 11/1/2027

We are pleased to have the opportunity to provide this support and we send our best wishes for your continued success.

Sincerely yours,

A handwritten signature in blue ink, appearing to read "Neel Hajra", written in a cursive style.

Neel Hajra, Chief Executive Officer  
Michigan Health Endowment Fund



## GRANT AGREEMENT

THIS GRANT AGREEMENT (the "Agreement") is effective as of September 3, 2025 by and between the Michigan Health Endowment Fund, a Michigan nonprofit corporation, whose address is 9829 Spencer Road, Suite 201, Brighton, MI 48114 (the "Grantor"), and City of Detroit, a municipal corporation acting on behalf of the Detroit Fire Department, whose address is Coleman A. Young Municipal Center 2 Woodward Avenue, Detroit, MI 48226 (the "Grantee").

### IT IS HEREBY AGREED AS FOLLOWS:

1. Grant Letter. The terms and conditions described in the letter from Grantor to Grantee dated September 3, 2025 (the "Letter") are hereby incorporated into this Agreement and made a part hereof.
2. Grant; Payment of the Grant. Grantor hereby grants to Grantee the aggregate amount set forth in the Letter (the "Grant") to be used solely for the purposes of the project entitled Increasing Treatment Retention for Older Adults in Detroit with Substance Use Disorders, as described in the proposal (the "Purposes"). Payment of the Grant shall be as set forth in the Letter.
3. Expenditure of Grant. The Grant, including any interest earned on grant funds, is made for the Purposes stated herein and may not be expended for any other purpose without the Grantor's prior written approval. Grantee shall return any portion of the Grant to the Grantor (i) which is not used for the Purposes of the Grant; or (ii) if Grantor has determined that the activities of Grantee in carrying out the Purposes will jeopardize the Grantor's or Grantee's tax-exempt status.
4. Tax-Exempt Status. Grantee is a governmental unit or political subdivision of the State of (Michigan) or other governmental entity and that the Purposes qualify as "public purposes" described in Section 170(c)(1) of the Code.
5. Grant Funds. Grant funds received from Grantor shall not be used: (i) to influence the outcome of any specific public election, or carry on, directly or indirectly, any voter registration drive (within the meaning of Section 4945(d)(2) of the Code); or (ii) for any purposes other than charitable, scientific, literary, educational, or other purposes described in Section 170(c)(2)(B) of the Code.
6. Indemnification. Each party to this Agreement must seek its own legal representative and bear its own costs; including judgements, in the litigation that may arise from performance of this Agreement. It is specifically understood and agreed that neither party will indemnify the other party in such litigation.
7. Reporting Requirements. Grantee shall submit to Grantor written reports summarizing the Grant activity and use of Grant funds, including a detailed accounting of the uses or expenditure of the Grant on a schedule as described in the Letter. Grantee further agrees to provide any other information reasonably requested by Grantor, including after the grant end date.

# MICHIGAN HEALTH ENDOWMENT FUND

8. Changes. Grantee will notify Grantor as soon as practicable about any changes in Grantee that significantly affect the ability of Grantee to fulfill the Purposes of this Grant.
9. Budget Variation. Grantee may, at its discretion, reallocate up to 10% of the total project amount without prior approval from the Grantor, except to increase an organization's indirect costs. Any amount over 10% or to increase an organization's indirect costs requires prior written approval from the Program Officer.
10. Records and Access to Information. Grantee shall maintain records of all activities, including but not limited to, financial records, receipts, and expenditures, relating to the Grant. The Grantee's books and records shall be made available for Grantor's inspection during normal business hours at Grantee's principal place of business for the purpose of making such financial audits, verifications, or program evaluations as Grantor deems necessary concerning the Grant.
11. Right to Discontinue Funding. Grantor may terminate this Agreement or withhold payments, or both, if Grantee becomes unable to carry out the Purposes of the Grant or fails to meet the terms and conditions of this Agreement. If termination or withholding of payment is being considered by Grantor, Grantee will be notified of the non-compliance issues and, if feasible and at the discretion of the Grantor, will have a specified period of time of not less than thirty (30) days from Grantee's receipt of the non-compliance notice to remediate the non-compliance issues cited by Grantor. Successful remediation will be determined in the sole discretion of Grantor.
12. Publicity. Grantee and Grantor shall each permit the other to include information regarding the Grant, including the names of Grantee and Grantor and the amount and purpose of the Grant, in each party's periodic public reports, newsletters, and news releases. Grantee agrees to acknowledge the support of Grantor in accordance with guidelines developed by Grantor, from time to time, whenever activities funded by the Grant are published in any news media or other publication, with the exception of multiple routine social media posts. Any proposed publicity which goes beyond the disclosures described herein or in the publicity guidelines shall require the prior approval of the other party which shall not be unreasonably withheld.
13. Governing Law. This Agreement shall be deemed to be made under and shall be construed in accordance with the laws of the State of Michigan without regard to conflicts of laws principles.
14. Assignment. Grantee may not assign its rights hereunder without the prior written consent of Grantor.
15. Complete Agreement; Amendment. This Agreement constitutes the entire agreement of the parties with respect to the subject matter hereof and supersedes any prior written or oral agreements between the parties. This Agreement may be modified or amended only if the amendment is made in writing and signed by both parties. No-cost extensions may be unilaterally approved by the Program Officer.
16. Waiver. The failure of either party to enforce any provision of this Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.
17. Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed to be an original, and all of which together shall constitute one and the same instrument.

**MICHIGAN HEALTH**  
**ENDOWMENT FUND**

18. Notices. Any official notices required under the terms of this Agreement shall be hand delivered, sent by email, or sent by Certified Mail, postage prepaid, return receipt requested, to the appropriate individual and address listed below.

If to Grantor:

Attn: President  
Michigan Health Endowment Fund  
9829 Spencer Road, Suite 201  
Brighton, MI 48114

If to Grantee:

Attn: Deputy CFO - Office of Development and Grants  
City of Detroit  
Coleman A. Young Municipal Center  
2 Woodward Avenue  
Detroit, MI 48226

*[Signature Page Follows]*

# MICHIGAN HEALTH ENDOWMENT FUND

WHEREFORE, the parties have executed this Agreement as of the Effective Date.

**GRANTOR:**

Michigan Health Endowment Fund

By: \_\_\_\_\_

Its: \_\_\_\_\_

On behalf of Grantee, I understand and agree to the foregoing terms and conditions of the Grant Agreement, and hereby certify my authority to execute this agreement on Grantee's behalf.

**GRANTEE:**

City of Detroit

By: \_\_\_\_\_

Its: \_\_\_\_\_