



## DEPARTMENTAL SUBMISSION

DEPARTMENT: OCFO - Development & Grants  
FILE NUMBER: OCFO - Development & Grants-0711

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**\* RE:**

Submitting reso. auth. Request to Accept and Appropriate the FY 2025 SisterFriends Detroit Grant.

**\* SUMMARY:**

Henry Ford Health has awarded the City of Detroit Health Department with the FY 2025 SisterFriends Detroit Grant for a total of \$40,000.00. There is no match requirement. The total project cost is \$40,000.00.

**\* RECOMMENDATION:**

Request to Accept and Appropriate the FY 2025 SisterFriends Detroit Grant. Henry Ford Health has awarded the City of Detroit Health Department with the FY 2025 SisterFriends Detroit Grant for a total of \$40,000.00. There is no match requirement. The total project cost is \$40,000.00.

**\* DEPARTMENTAL CONTACT:**

Name: Sajjiah Parker  
Position: Assistant Director

**\*=REQUIRED**