



DEPARTMENTAL SUBMISSION

DEPARTMENT: OCFO - Development & Grants
FILE NUMBER: OCFO - Development & Grants-0233

*** RE:**

Submitting reso. auth. Authorization to submit a grant application to the Michigan Developmental Disabilities Council for the Expanding the Public Health Workforce Grant.

*** SUMMARY:**

The Health Department is hereby requesting authorization from Detroit City Council to submit a grant application to the Michigan Developmental Disabilities Council for the Expanding the Public Health Workforce Grant. The amount being sought is \$55,000.00. There is no City match requirement. The total project cost is \$55,000.00

*** RECOMMENDATION:**

Authorization to submit a grant application to the Michigan Developmental Disabilities Council for the Expanding the Public Health Workforce Grant. The Health Department is hereby requesting authorization from Detroit City Council to submit a grant application to the Michigan Developmental Disabilities Council for the Expanding the Public Health Workforce Grant. The amount being sought is \$55,000.00. There is no City match requirement. The total project cost is \$55,000.00

*** DEPARTMENTAL CONTACT:**

Name: Jalesa Beck
Position: Administrative Assistant II

***=REQUIRED**