



CITY OF DETROIT  
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 • 628-2158  
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WWW.DETROITMI.GOV

February 7, 2023

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

**RE: Request to accept an increase in appropriation for the FY 2023 Public Health Emergency Preparedness - Cities Readiness Initiatives Grant**

The Michigan Department of Health and Human Services (MDHHS) has awarded an increase in appropriation to the City of Detroit Health Department for the FY 2023 Public Health Emergency Preparedness - Cities Readiness Initiatives Grant, in the amount of \$75,980.00. This grant was approved by Council in the adopted budget. This funding will increase appropriation 21032 by \$19,556.00. This grant was previously approved in the amount of \$250,000.00, and will be increased to a total of \$269,556.00.

The objective of the grant is to build Detroit public health emergency preparedness and response capacity and capability. The funding allotted to the department will be utilized to pay for staff salary and contractual services.

I respectfully ask your approval to accept the increase in appropriation 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*  
565ACA3D30EA265...  
Office of Budget

CC:  
Sajjiah Parker, Assistant Director, Grants



## Office of Development and Grants

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### RESOLUTION

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

**WHEREAS**, the Health Department is requesting authorization to accept an increase in appropriation for the FY 2023 Public Health Emergency Preparedness - Cities Readiness Initiatives Grant, from the Michigan Department of Health and Human Services, in the amount of \$75,980.00, in order to build Detroit public health emergency preparedness and response capacity and capability; and

**WHEREAS**, this grant was approved by Council in the adopted budget; and this funding will increase appropriation 21032 by \$19,556.00; this grant was previously approved in the amount of \$250,000.00, and will be increased to a total of \$269,556.00; and

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

**THEREFORE, BE IT RESOLVED** that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

**BE IT FURTHER RESOLVED**, that the Budget Director is authorized to increase the budget accordingly for appropriation number 21032, in the amount of \$19,556.00, for the FY 2023 Public Health Emergency Preparedness - Cities Readiness Initiatives Grant.

Contract #: 20230126-01

**Amendment Number: 2 to the  
Between  
Michigan Department of Health and Human Services  
and  
City of Detroit  
hereinafter referred to as the "Local Governing Entity"  
on Behalf of Health Department  
Detroit Health Department**

**AMENDMENT PURPOSE AND JUSTIFICATION**

**1. The purpose of this amendment is to:**

1. Add/revise information in Attachment I - Annual Budget Instructions;
2. Add/revise information in Attachment III - Program Specific Assurance and Requirements; and
3. Incorporate Attachment IV- Funding/Reimbursement Matrix as revised for the Essential Local Public Health Service (ELPHS) and categorical budget details, output measures and performance criteria.
4. Increase the Department's agreement amount from \$13,593,681 to \$13,675,661, as shown on the Attachment B budget pages.

**2. Amendment Revisions:**

The following are the additions/revisions to Attachment I and III

A) The following projects include additions/revisions as highlighted in Attachment I - Annual Budget Instructions:

No Change

B) The following projects include additions/revisions as highlighted in Attachment III - Program Specific Assurance and Requirements:

No Change

Following are adjustments to funding levels of the Local Health Department agreement as reflected in Attachment IV:

**Budget line item changes are reflected in the attached budgets for the following elements:**

<u>Project Title</u>	<u>Current Amount</u>	<u>Amended Amount</u>	<u>New Project Amount</u>
Public Health Emergency Preparedness (PHEP) 10/1 - 6/30	160,039	6,000	166,039
Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30	193,576	75,980	269,556
Total Comprehensive Funding	353,615	81,980	435,595

**Performance Level Adjustments**

N/A

**Budget category Adjustments**

<u>Contract #</u>	<u>Project Title</u>
E20230374-00	Body Art Fixed Fee

It is understood and agreed that all other conditions of the original agreement remains the same.

**3. Signing this amendment**

The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board official or agency.

Signature Section

**For Detroit Health Department**

Denise Fair

Director

Name

(please print)

Title

**For the Michigan Department of Health and Human Services**

Christine H. Sanches

01/19/2023

Christine H. Sanches, Director  
Bureau of Purchasing

Date

DRAFT

**Attachments**

[Attachment I - Instructions for the Annual Budget](#)

[Attachment III - Program Specific Assurances and Requirements](#)

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**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**ATTACHMENT IV - Local Health Department - 2023**  
**CONTRACT MANAGEMENT SECTION**  
**Detroit Health Department**

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Minimum Performance Number (e)	Percent	Contractor / Subrecipient (f)
Body Art Fixed Fee	Calc. Amt.		250.00/Numbers	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Recipient
Childhood Lead Poisoning Prevention	Reg. Alloc.	F	173,750	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Children's Special Hlth Care Services (CSHCS) Care Coordination	Calc. Amt.		150.00/Various	Fixed Unit Rate (1), (7)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	Reg. Alloc.	F	291,823	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	291,822							
CLPP Lead Expansion	Reg. Alloc.	S	200,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
CSHCS Medicaid Elevated Blood Lead Case Mgmt	Calc. Amt.		201.58/Various	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Subrecipient
CSHCS Vaccine Initiative	Reg. Alloc.	F	70,037	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Emerging Threats - Hepatitis C	Reg. Alloc.	S	109,611	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
Ending the HIV Epidemic Implementation	Reg. Alloc.	F	130,568	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	P	130,568							
Fetal Infant Mortality Review (FIMR) Case Abstraction	Calc. Amt.		270.00/Various	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Subrecipient
FIMR Interviews	Calc. Amt.		85.00/Numbers	Fixed Unit Rate (2), (11)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Food ELPHS	Reg. Alloc.	S	607,074	ELPHS (3), (4)	N/A	N/A	N/A	N/A	N/A	Recipient
Hearing ELPHS	Reg. Alloc.	L	173,947	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
HIV & STI Testing and Prevention	Reg. Alloc.	F	2,500	ELPHS (3), (4)	N/A	N/A	N/A	N/A	N/A	Contractor
	Reg. Alloc.	S	125,000							
	Reg. Alloc.	S	122,500							

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**ATTACHMENT IV - Local Health Department - 2023**  
**CONTRACT MANAGEMENT SECTION**  
**Detroit Health Department**

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Minimum Performance Number (e)	Percent	Contractor / Subrecipient (f)
HIV Data to Care	Reg. Alloc.	P	190,024	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
	Reg. Alloc.	S	190,024							
HIV Housing Assistance	Reg. Alloc.	P	140,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
Immunization Action Plan (IAP)	Reg. Alloc.	F	304,189	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Immunization Action Plan-Pilot	Reg. Alloc.	F	100,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Immunization Fixed Fees	Calc. Amt.		300.00/Numbers	Fixed Unit Rate (2), (7)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Infant Safe Sleep	Reg. Alloc.	F	12,500	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	112,500							
MCH - All Other	Reg. Alloc.	F	0	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
MCH - All Other	Local MCH	S	1,438,315	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
MCH - Children	Reg. Alloc.	F	0	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
MCH - Children	Local MCH	S	271,339	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
MDHHS-Essential Local Public Health Services (ELPHS)	Reg. Alloc.	S	2,514,357	ELPHS (3),(6)	N/A	N/A	N/A	N/A	N/A	Recipient
Oral Health- Kindergarten Assessment	Reg. Alloc.	S	95,694	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
Public Health Emergency Preparedness (PHEP) 10/1 - 6/30	Reg. Alloc.	F	160,039	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30	Reg. Alloc.	F	193,576	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
SDOH Planning	Reg. Alloc.	F	25,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	25,000							
Southeast Michigan Infant Vitality	Reg. Alloc.	P	25,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ATTACHMENT IV - Local Health Department - 2023  
 CONTRACT MANAGEMENT SECTION  
 Detroit Health Department

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Performance Number (e)	Minimum Percent	Contractor / Subrecipient (f)
Statewide Lead Case Management - Fixed Fee	Reg. Alloc. Calc. Amt.	S	0 201.58/Various	Fixed Unit Rate (7), (11)	N/A	N/A	N/A	N/A	N/A	Recipient
Vector-Borne Surveillance & Prevention	Reg. Alloc.	S	9,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
Vision ELPHS	Reg. Alloc.	L	173,947	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
West Nile Virus Community Surveillance	Reg. Alloc.	F	10,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
WIC Breastfeeding	Reg. Alloc.	F	253,111	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
WIC Resident Services	Reg. Alloc.	F	4,920,866	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient

**TOTAL MDHHS FUNDING**

**13,593,681**

**\*SPECIFIC OUTPUT PERFORMANCE MEASURES WILL BE INCORPORATED VIA AMENDMENT**

[Attachment IV Notes](#)

**Project Budgets**

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2023 / Public Health Emergency Preparedness (PHEP) 10/1 - 6/30			<b>DATE PREPARED</b> 2/7/2023	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2022 To : 6/30/2023	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 2	
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	83,880.00	83,880.00
2	Fringe Benefits	28,519.00	28,519.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	80,559.00	80,559.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>Total Program Expenses</b>		192,958.00	192,958.00
<b>TOTAL DIRECT EXPENSES</b>		192,958.00	192,958.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	63,413.00	63,413.00
<b>Total Indirect Costs</b>		63,413.00	63,413.00
<b>TOTAL INDIRECT EXPENSES</b>		63,413.00	63,413.00
<b>TOTAL EXPENDITURES</b>		<b>256,371.00</b>	<b>256,371.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	16,004.00	0.00	16,004.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	160,039.00	160,039.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	80,328.00	0.00	80,328.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>256,371.00</b>	<b>160,039.00</b>	<b>96,332.00</b>	<b>0.00</b>

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Director	54534.0000	1.000	0.000	FTE	54,534.00
	Support Staff	29346.0000	1.000	0.000	FTE	29,346.00
<b>Total for Salary &amp; Wages</b>						83,880.00
2	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	34.000	83880.000		28,519.00
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		80,559.00
5	<b>Supplies and Materials</b>					
6	<b>Travel</b>					
7	<b>Communication</b>					
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
<b>Total Program Expenses</b>						192,958.00
<b>TOTAL DIRECT EXPENSES</b>						192,958.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		17,646.00
	Health Adm Distribution	0.0000	0.000	0.000		45,767.00
<b>Total for Cost Allocation Plan / Other</b>						63,413.00
<b>Total Indirect Costs</b>						63,413.00
<b>TOTAL INDIRECT EXPENSES</b>						63,413.00
<b>TOTAL EXPENDITURES</b>						<b>256,371.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2023 / Body Art Fixed Fee			<b>DATE PREPARED</b> 2/7/2023	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2022 To : 9/30/2023	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 2	
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	12,000.00	12,000.00
<b>Total Program Expenses</b>		12,000.00	12,000.00
<b>TOTAL DIRECT EXPENSES</b>		12,000.00	12,000.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
<b>Total Indirect Costs</b>		0.00	0.00
<b>TOTAL INDIRECT EXPENSES</b>		0.00	0.00
<b>TOTAL EXPENDITURES</b>		<b>12,000.00</b>	<b>12,000.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	Body Art Fee[Projected Inspections]	12,000.00	12,000.00	0.00	0.00
	<b>Totals</b>	12,000.00	12,000.00	0.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
	Support staff	0.0000	0.000	0.000		12,000.00
<b>Total Program Expenses</b>						12,000.00
<b>TOTAL DIRECT EXPENSES</b>						12,000.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
<b>Total Indirect Costs</b>						0.00
<b>TOTAL INDIRECT EXPENSES</b>						0.00
<b>TOTAL EXPENDITURES</b>						<b>12,000.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2023 / Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30			<b>DATE PREPARED</b> 2/7/2023	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2022 To : 6/30/2023	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment	
<b>CITY</b> Detroit			<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732
<b>FEDERAL ID NUMBER</b> 38-6004606				
<b>AMENDMENT #</b> 2				

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	19,403.00	19,403.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	187,962.00	187,962.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
<b>Total Program Expenses</b>		207,365.00	207,365.00
<b>TOTAL DIRECT EXPENSES</b>		207,365.00	207,365.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	66,285.00	66,285.00
<b>Total Indirect Costs</b>		66,285.00	66,285.00
<b>TOTAL INDIRECT EXPENSES</b>		66,285.00	66,285.00
<b>TOTAL EXPENDITURES</b>		<b>273,650.00</b>	<b>273,650.00</b>



## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	19,357.00	0.00	19,357.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	193,576.00	193,576.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	60,717.00	0.00	60,717.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>273,650.00</b>	<b>193,576.00</b>	<b>80,074.00</b>	<b>0.00</b>

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Support staff	19403.0000	1.000	0.000	FTE	19,403.00
2	<b>Fringe Benefits</b>					
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		187,962.00
5	<b>Supplies and Materials</b>					
6	<b>Travel</b>					
7	<b>Communication</b>					
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
<b>Total Program Expenses</b>						207,365.00
<b>TOTAL DIRECT EXPENSES</b>						207,365.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		15,929.00
	Health Adm Distribution	0.0000	0.000	0.000		50,356.00
<b>Total for Cost Allocation Plan / Other</b>						66,285.00
<b>Total Indirect Costs</b>						66,285.00
<b>TOTAL INDIRECT EXPENSES</b>						66,285.00
<b>TOTAL EXPENDITURES</b>						<b>273,650.00</b>

## Summary of Budget

<b>PROGRAM / PROJECT</b> Local Health Department - 2023 / Local Health Department - 2023			<b>DATE PREPARED</b> 2/7/2023		
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2022 To : 9/30/2023		
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment		<b>AMENDMENT #</b> 2
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606		

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	2,334,909.00	2,334,909.00
2	Fringe Benefits	512,812.00	512,812.00
3	Contractual	10,796,726.00	10,796,726.00
4	Supplies and Materials	15,000.00	15,000.00
5	Travel	2,428.00	2,428.00
6	All Others (ADP, Con. Employees, Misc.)	52,000.00	52,000.00
<b>Total Program Expenses</b>		13,713,875.00	13,713,875.00
<b>TOTAL DIRECT EXPENSES</b>		13,713,875.00	13,713,875.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Cost Allocation Plan / Other	2,654,740.00	2,654,740.00
<b>Total Indirect Costs</b>		2,654,740.00	2,654,740.00
<b>TOTAL INDIRECT EXPENSES</b>		2,654,740.00	2,654,740.00
<b>TOTAL EXPENDITURES</b>		<b>16,368,615.00</b>	<b>16,368,615.00</b>

## SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
2	Fees and Collections - 3rd Party	110,000.00	0.00	110,000.00	0.00
3	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
4	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
5	Federally Provided Vaccines	0.00	0.00	0.00	0.00
6	Federal Medicaid Outreach	0.00	0.00	0.00	0.00

7	Required Match - Local	35,361.00	0.00	35,361.00	0.00
8	Local Non-ELPHS	0.00	0.00	0.00	0.00
9	Local Non-ELPHS	0.00	0.00	0.00	0.00
10	Local Non-ELPHS	0.00	0.00	0.00	0.00
11	Other Non-ELPHS	0.00	0.00	0.00	0.00
12	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
13	MDHHS Comprehensive	11,884,027.00	11,884,027.00	0.00	0.00
14	MCH Funding	1,709,654.00	1,709,654.00	0.00	0.00
15	Local Funds - Other	2,375,645.00	0.00	2,375,645.00	0.00
16	Inkind Match	0.00	0.00	0.00	0.00
17	MDHHS Fixed Unit Rate	253,928.00	253,928.00	0.00	0.00
	<b>TOTAL</b>	<b>16,368,615.00</b>	<b>13,847,609.00</b>	<b>2,521,006.00</b>	<b>0.00</b>

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