COLEMAN A. YOUNG MUNICIPAL CENTER

2 WOODWARD AVENUE, SUITE 1026

DETROIT, MICHIGAN 48226

CITY OF DETROIT PHONE: 313  628-2158

OFFICE OF THE CHIEF FINANCIAL OFFICER FAX: 313  224  0542

OFFICE OF DEVELOPMENT AND GRANTS[WWW.DETROITMI.GOV](http://WWW.DETROITMI.GOV) **#12**

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\_\_



April 17, 2020

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 2020 COVID-19 Grant from the Community Foundation for Southeast Michigan

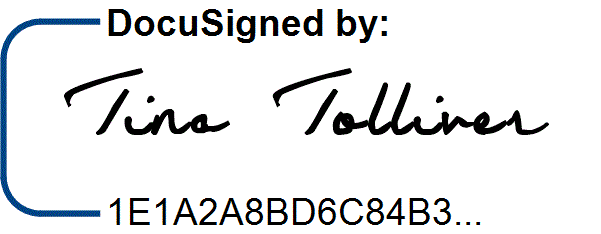
The Community Foundation for Southeast Michigan has awarded the City of Detroit Health Department with the FY 2020 COVID-19 Grant for a total of $25,000.00. There is no required match. The total project cost is $25,000.00. The grant period is March 24, 2020 through March 23, 2021.

The objective of the grant is to increase COVID-19 clinical staffing capacity. The funding allotted to the department will be utilized to cover expenses associated with clinical/nursing staff throughout the city responding to COVID-19.

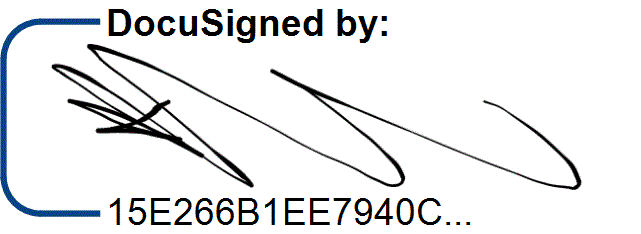
If approval is granted to accept and appropriate this funding, the appropriation number is 20797.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,



/9/



/13/

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Katerli Bounds Office of Budget

Director, Office of Development and Grants

CC: /6/

Sirene Abou-Chakra, Chief Development Officer

Sajjiah Parker, Assistant Director, Grants

**Office of Development and Grants**



**RESOLUTION**

# Council Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHEREAS,** the Health Department is requesting authorization to accept a grant from the

Community Foundation for Southeast Michigan in the amount of $25,000.00, to increase COVID19 clinical staffing capacity; 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 establish Appropriation number 20797, in the amount of $25,000.00, for the FY 2020 COVID-19 Grant.

/1/ /2/ /7/ /8/ /11/ /3/ /4/ /12/ /14/

/10/ /5/



April 3, 2020

Mike Duggan

Mayor

City of Detroit

Executive Office

1126 Cay Municipal Bldg

Detroit, Michigan 48226

Re: #IG--20208697

Dear The Hon. Duggan:

We are pleased to announce that the Board of Trustees of the Community Foundation for Southeast Michigan has adopted the following resolution:

RESOLVED, that a grant of $25,000 to City of Detroit for support for the City of Detroit Health Department to increase its capacity to provide support related to COVID-19 be approved.

Included are the Terms of Grant Agreement related to this grant. Please make special note of all the provisions and procedures indicated. Please sign and submit the Terms of Grant Agreement to the Community Foundation for Southeast Michigan as soon as possible indicating your acceptance of the grant award and its terms. Also, please visit our website at cfsem.org/grantee-press/ for guidelines about publicizing your award, and any unique reporting requirements.

After a signed copy of the Terms of Grant Agreement has been received, it is anticipated that payment will be made as follows:

|  |  |
| --- | --- |
| **Date:** | **Amount:** |
| April 2020 | $25,000.00 |

We wish you every success and look forward to receiving reports on your progress.

Sincerely,



Mariam C. Noland

President

# TERMS OF GRANT AGREEMENT

PLEASE READ CAREFULLY!

1. Acceptance of Grant

The grant to your organization from the Community Foundation for Southeast Michigan is for the explicit purposes described in the Grant Resolution and is subject to your acceptance of the terms described therein.

|  |  |
| --- | --- |
| Report: | Due Date: |
| Final Report | April 23, 2021 |

To accept the grant and receive the funds, return a signed copy of this "Terms of Grant Agreement" to the Community Foundation for Southeast Michigan. Please refer to the grant number and title in all communication concerning the grant.

|  |  |
| --- | --- |
| Grantee: | Date Authorized: |
| City of Detroit | March 24, 2020 |
|  |  |
| Grant Number: | Amount Granted: |
| IG--20208697 | $25,000 |

Grant Resolution:

RESOLVED, that a grant of $25,000 to City of Detroit for support for the City of Detroit Health Department to increase its capacity to provide support related to COVID-19 be approved.

Grant Period:

|  |  |
| --- | --- |
| Begins – | March 24, 2020 |
| Terminates – | March 23, 2021 |

1. Review of Grant Activity

The grantee will furnish the Community Foundation for Southeast Michigan with written reports according to the following schedule:

# TERMS OF GRANT AGREEMENT

City of Detroit

IG--20208697

1. Publicity

We strongly encourage the grantee to publicize the receipt of this grant. Please share a copy of any press releases and announcements for approval prior to distributing, as well as copies and links of news coverage that results from press outreach.

Please visit our website at cfsem.org/grantee-press/ for guidelines about publicizing your award.

1. Special Provisions

In accepting this grant, the grantee agrees to the following conditions:

* 1. To use the funds granted solely for the purpose stated.
  2. To repay any portion of the amounts granted which is not used for the purpose of the grant.
  3. To return any unexpended funds if the grantee loses its exemption from Federal income taxation as provided under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the “Code”), or (b) as a governmental entity or political subdivision within Section 170 (c) of the Code.
  4. To maintain books and records adequate to verify actions related to this grant should this prove necessary.
  5. Pre-approval is needed for any modifications in the approved project budget.

For the Grantee:

Signature of Authorized Representative Date

Sirene Abou-Chakra Chief Development Officer

Name and Title of Authorized Representative