Factor 4 **Leveraging Resources** **Page 1 of 2**

Name Of The Organization Or Entity That Will Contribute Match Or Leveraged Funds And If The Organization Will Be a Subgrantee/Subrecipient	Work To Be Accomplished In Support Of The Program.	Value Of In-Kind Or Cash Match Contribution*	Additional Leveraged Funds Contribution	Total Of Match And Leveraged Contributions
Name: WSU Center for Urban Studies Type of Organization: Higher Education Subgrantee/Subrecipient: ☒ Yes ☐ No	Healthy Homes Database Development and Oversight			
Name: Detroit Dept. of Health and Wellness Promotion Type of Organization: Health Subgrantee/Subrecipient: ☒ Yes ☐ No	Office space, staff meeting participation, tech. assistance			
Name: Children's Asthma Prevention Type of Organization: Health Subgrantee/Subrecipient: ☒ Yes ☐ No	Provide in-home asthma case management and education, other items			
Name: Asthma and Allergy Foundation Type of Organization: Health Subgrantee/Subrecipient: ☒ Yes ☐ No	Staff participation in meetings			
Name: Wayne County Prosecutor's Office Type of Organization: Law Subgrantee/Subrecipient: ☒ Yes ☐ No	Enforce landlord penalty law and other ordinances			
Name: WARM Type of Organization: Local non-profit Subgrantee/Subrecipient: ☐ Yes ☒ No	Provide 180 home energy assessments and 180 energy kits			
Name: Skillman Foundation Type of Organization: Local foundation Subgrantee/Subrecipient: ☐ Yes ☒ No	Funding to address interventions in 10 homes			
Name: Kresge Foundation Type of Organization: Local foundation Subgrantee/Subrecipient: ☐ Yes ☒ No	Funding to address interventions in 10 homes			
Name: Central Detroit Christian Type of Organization: Local government Subgrantee/Subrecipient: ☐ Yes ☒ No	Neighborhood outreach, family recruitment			
	Total Amount	$		

Name of the organization or entity that will contribute match or leveraged funds and if they are to be a subgrantee/subrecipient: Self explanatory.
Work to be accomplished in support of the program: The type of activities that will be accomplished in support of the program (i.e. outreach, training, risk Assessments/paint Inspections, relocation, etc.)
Value of In-kind or Cash Match Contribution: As required by statute or appropriation.
Additional Leveraged Funds Contribution: Additional funds above the match contribution required by statute or appropriation
Total of Match and Leveraged Contributions: The total of an applicant's In-kind or Cash Match Contribution and any additional Leveraged Funds Contribution

Clear All

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Factor 4 **Leveraging Resources** **Page 2 of 2**

Name Of The Organization Or Entity That Will Contribute Match Or Leveraged Funds And If The Organization Will Be a Subgrantee/Subrecipient	Work To Be Accomplished In Support Of The Program.	Value Of In-Kind Or Cash Match Contribution*	Additional Leveraged Funds Contribution	Total Of Match And Leveraged Contributions
Name: Children's Hospital TRIP Program Type of Organization: Health Subgrantee/Subrecipient: ☐ Yes ☒ No	180 smoke alarms, 180 carbon monoxide alarms for homes			
Name: Detroit Department of Human Services Type of Organization: Local government Subgrantee/Subrecipient: ☐ Yes ☒ No	Emergency family needs, weatherize 60 homes			
Name: Detroit Buildings and Safety Engineering Dept. Type of Organization: Local government Subgrantee/Subrecipient: ☐ Yes ☒ No	Inspect 70 homes for lead hazards			
Name: Nat. Coalition to End Childhood Lead Poisoning Type of Organization: Health Organization Subgrantee/Subrecipient: ☐ Yes ☒ No	Training, technical assistance, home intervention funding			
Name: Detroit Planning and Development Department Type of Organization: Local government Subgrantee/Subrecipient: ☐ Yes ☒ No	Property code inspection and other services			
Name: Michigan Dept. of Community Health Type of Organization: State government Subgrantee/Subrecipient: ☒ Yes ☐ No	Training and technical assistance			
Name: Type of Organization: Law Subgrantee/Subrecipient: ☐ Yes ☒ No				
Name: WARM Type of Organization: Local non-profit Subgrantee/Subrecipient: ☐ Yes ☒ No				
Name: Type of Organization: Subgrantee/Subrecipient: ☐ Yes ☒ No				
	Total Amount	$		

Name of the organization or entity that will contribute match or leveraged funds and if they are to be a subgrantee/subrecipient: Self explanatory.
Work to be accomplished in support of the program: The type of activities that will be accomplished in support of the program (i.e. outreach, training, risk Assessments/paint Inspections, relocation, etc.)
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Additional Leveraged Funds Contribution: Additional funds above the match contribution required by statute or appropriation
Total of Match and Leveraged Contributions: The total of an applicant's In-kind or Cash Match Contribution and any additional Leveraged Funds Contribution

Clear All

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