

COMMUNITY-BASED CRISIS RESPONSE PILOT GRANT PROGRAM (CBCRP) GRANT CONTRACT

Grant Agreement

hereinafter referred to as the "Agreement"
between

Michigan State Police

hereinafter referred to as the "Department"
and

City of Ann Arbor

301 East Huron Street
Ann Arbor, Michigan 48104

hereinafter referred to as the "Grantee"
for

MSP Project Number: 24-CBCRP-01

I. Period of Agreement:

This Agreement shall commence on **07/01/2024** and continue through **9/30/2028**.
This Agreement is in full force and effect for the period specified.

II. Funding Source and Agreement Amount:

This Agreement is designated with the following stipulations:

- A. In accordance with the terms and conditions of this Agreement, the Grantee will be awarded a total maximum allocation of \$483,000, for reimbursement of authorized expenditures.
- B. The Grantee shall utilize the award solely for the purpose of supporting a new or existing community-based crisis response program pursuant to Public Act (PA) 119 of 2023, Article 8.
- C. Award funds not expended by the end of the 4-year performance period may be forfeited

III. Eligible Requests and Conditions:

A. Eligible Requests:

1. Grantee must provide a 25 percent match to any state funding that will be received.

B. General Conditions:

1. Grantee shall submit required documentation (Grant Agreement, Financial Status Report (FSR), and Performance Status Report (PSR)) and any other requested documentation via email to the Michigan State Police (MSP), Grants and Community Services Division (GCSD).
2. CBCRP funds must only be used to support a new or existing community-based response program.

IV. General Information:

- A. The GCSD will notify the Grantee when all signed grant agreement documents have been received.
- B. Grant number 24-CBCRP-01 must be included on all correspondence addressed to the GCSD.
- C. All Grantee subaward information (MOU/MOA/budgets, etc.) must be submitted to MSP GCSD within 30 days of issuance.
- D. FSRs and PSRs are required for CBCRP funds. FSR and PSR forms are available on the [MSP GCSD website](#). FSRs and PSRs must be submitted via email to MSP-CJGrants@michigan.gov, within 30 days after the performance period.
- E. This Agreement constitutes the entire agreement between the Department and Grantee on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Agreement.
- F. Unless otherwise noted, all correspondence and project documentation are to be submitted via email to MSP-CJGrants@michigan.gov.

V. Attribution:

- A. Any public announcements—whether oral, written, or electronic—must identify the state of Michigan as the source of funding for the grant-funded Community-Based Crisis Response Program. The following is suggested language:
 - 1. *The Community-Based Crisis Response Program is supported by FY24 grant funds awarded by the state of Michigan through grant award 24-CBCRP-01 provided through Article 14, Section 108 of Public Act 119 of 2023.*
- B. The state of Michigan has the royalty-free right to copy, publish, and distribute any data or material associated with the CBCRP. [This does not apply to personally identifiable information tracked by the program or other statutorily protected data, such as private health information.](#)

VI. Amendment of Agreement:

- A. This Agreement may not be altered, modified, supplemented, or amended in any manner.
- B. Requests for budget modifications must be submitted in writing to MSP GCSD. Grantees will be notified of approval or denial of budget modification requests within 60 days.
- C. Expenditures incurred as a result of changes made without prior written approval from the GCSD will not be eligible for reimbursement.

VII. Eligible Expenditures:

- A. The Grantee's use of the award is limited to those eligible expenditures identified in the Budget, Attachment 3, or as identified in an approved change in accordance with section VIII.
- B. The Grantee must adhere to local, state, and federal laws and be consistent with statewide policies, regulations, statutes, and practices.
- C. Expenditures must be adequately supported by source documentation, including invoices, detailed paycheck stubs, canceled checks, and electronic payment confirmations. If the position is paid as contracted services, an itemized breakdown of included costs must be provided to the GCSD by the Grantee. The GCSD reserves the right to request additional supplemental documentation.
- D. All travel expenses are limited to [State of Michigan, Department of Technology, Management, and Budget \(DTMB\)](#) travel rates for the year the expenses were incurred.

VIII. Ineligible Expenditures and Activities:

- A. Expenditures incurred, or contracted for, outside of the grant performance period identified in section I *or without receiving approval* as directed in section VI, are ineligible.
- B. Expenses paid for with cash, or those with insufficient documentation of a processed payment, are ineligible and will not be reimbursed.
- C. Any expense not explicitly identified as an eligible expenditure for the FY 2024 CBCRP is ineligible. This includes, but is not limited to, the following ineligible expenses:
 - 1. Indirect costs or indirect administrative expenses.
 - 2. Non-wage related fringe benefits, including, but not limited to firearms, uniform costs, etc.
 - 3. Contributions and donations.
 - 4. Management studies or other research and development.
 - 5. Memberships and dues.
 - 6. Position-related contracts beyond the grant performance period.
 - 7. Lobbying or advocacy for legislative or administrative reform.
 - 8. Legal fees.
 - 9. Fines and penalties.
 - 10. Compensation to federal employees.
 - 11. Food, refreshments, and snacks.
 - 12. Sales tax.

IX. Accounting and Recordkeeping:

- A. All expenditures are to be recorded in a manner allowing for clear separation/identification from the Grantee's other funds or accounts. A general ledger is required and must reconcile to reported costs.

- B. The Grantee shall retain records for not less than seven years following the final reimbursement payment.

X. Inspection and Audit:

- A. The Department (and/or any of their duly authorized representatives) is permitted access, for the purposes of inspection, audit, and examination; to any books, documents, papers, and records, in any format (i.e., digital, electronic, cloud, paper, etc.), of the Grantee’s which are related to this project for the duration of the grant performance period plus three years. [This does not apply to personally identifiable information tracked by the program or other statutorily protected data, such as private health information.](#)
- B. The Department (and/or any of their duly authorized representatives) may conduct virtual or on-site inspections with no less than one business day’s notice. [Grantee will be provided 15 business days from the last day of the inspection to redact legally protected or personally identifiable information from any documentation requested by the department during the inspection.](#)
- C. If funds are determined to have been misused or reimbursed in error during a site visit or audit, the Grantee agrees to pay funds back to the Department.

XI. Reporting Requirements:

- A. Reimbursement Method/Mechanism:
 - 1. All Grantees must register as a vendor to receive reimbursement payments as Electronic Funds Transfers/Direct Deposits. Vendor registration information is available on the State of Michigan SIGMA Vendor Self Service website located at <https://sigma.michigan.gov/webapp/PRDVSS2X1/AltSelfService>
 - 2. This Agreement requires a minimum match of 25 percent. Amounts requested for reimbursement by the Grantee should be for a maximum of 75 percent of the total project cost incurred during the reporting period. The total cumulative requests for reimbursement should not exceed 75 percent of the total project cost, nor should it exceed the award amount listed in section I.
 - 3. This Agreement is reimbursement only. The Grantee must document that expenditures (including required match) have been paid by local sources before requesting reimbursement from the GCSD.
 - 4. All invoices must be paid and reimbursement requests for eligible expenditures, including supporting documentation, shall be submitted to the GCSD by no later than the respective FSR due dates. Documentation must be submitted via email to MSP-CJGrants@michigan.gov.
 - 5. Should the Grantee discover an error in a previous reimbursement request, the Grantee shall immediately notify the GCSD and refund to the GCSD any funds not authorized for use under this Agreement and any payments or funds advanced to the Grantee in excess of allowable reimbursable expenses.
- B. FSR and PSR due dates follow the end of each reporting period as listed below. Reports are only due for active agreement periods. Grantees are not required to submit any reports due before the grant start date indicated in section I or after approval of their final reports.

Reporting Period	Due Date
July 1, 2024 – September 30, 2024	October 20, 2024
October 1, 2024 – December 31, 2024	January 30, 2025
January 1, 2025 – March 31, 2025	April 30, 2025
April 1, 2025 – June 30, 2025	July 30, 2025
July 1, 2025 – September 30, 2025	October 20, 2025
October 1, 2025 – December 31, 2025	January 30, 2026
January 1, 2026 – March 31, 2026	April 30, 2026
April 1, 2026 – June 30, 2026	July 30, 2026
July 1, 2026 – September 30, 2026	October 20, 2026
October 1, 2026 – December 31, 2026	January 30, 2027

January 1, 2027 – March 31, 2027	April 30, 2027
April 1, 2027 – June 30, 2027	July 30, 2027
July 1, 2027 – September 30, 2027	October 20, 2027
October 1, 2027 – December 31, 2027	January 30, 2028
January 1, 2028 – March 31, 2028	April 30, 2028
April 1, 2028 – June 30, 2028	July 30, 2028
July 1, 2028 – September 30, 2028	October 20, 2028

C. The Grantee shall submit to the GCSD, via email, a completed FSR, PSR, and supporting documentation, according to the schedule listed within this section above, **whether or not** any expenditures have been incurred or paid during that period. All submitted documentation will be reviewed and a response provided by the Department within 45 days.

1. If no expenditures have been paid during the reporting period, an FSR must be submitted without line items and a total of \$0.00.
2. At a minimum, the following data must be included with each PSR.
 - a. The number of incidents resulting in a response as a part of the pilot.
 - b. The type of response.
 - c. The level of training, certification, or licensing completed or held by a responder participating in the pilot.
 - d. The outcome of each response.

Additional data/information may be required as determined by the Department to satisfy the Department's statutorily required reporting requirements. This does not apply to personally identifiable information tracked by the program or other statutorily protected data, such as private health information.

XII. Conditions Precedent to Disbursement:

- A. The GCSD's obligation to disburse award funds to the Grantee is subject to satisfaction, with respect to each disbursement, of each of the following conditions:
1. Submission of a signed Grant Agreement.
 2. Submission of a completed FSR, PSR, and supporting documentation according to the due dates schedule listed in section XI.
 3. The Grantee is in compliance with all terms and conditions of this Agreement.

XIII. Disbursement of Awards Funds:

- A. Pursuant to PA 119 of 2023, Article 8, the Department is authorized to provide and administer grant funds through the Community Based Crisis Response Pilot Grant Program from the state FY 2024 general fund. Funds are contingent upon this appropriation from the state of Michigan, and Grantee allocations may be revised during the year based on changes in the appropriation.
- B. Reimbursements are limited to the reporting periods defined in section XI.
- C. Reimbursement payments are only made through the state of Michigan's payment system SIGMA.
- D. Funds are contingent upon the appropriation, pursuant to 2023 PA 119, from the state of Michigan.
- E. The Grantee's allocations may be revised during the performance period based on changes in the appropriation or as the result of noncompliance with the terms and conditions of this Agreement.

XIV. Termination:

- A. This Agreement shall be terminated following the final reimbursement payment to the Grantee, and upon satisfying the terms and conditions of this Agreement.
- B. The Grantee may terminate this Agreement upon 60 days advance written notice to the GCSD. At its discretion, the GCSD may waive this notification requirement.

- C. The GCSD may terminate this Agreement effective immediately upon written notice to the Grantee, or effective on such a later date as may be established by the GCSD in such notice, under any of the following circumstances:
1. The GCSD fails to receive sufficient appropriations or other expenditure authorization to allow the GCSD, in the reasonable exercise of its administrative discretion, to continue making payments under this Agreement.
 2. There is a change in federal or state laws, rules, regulations, or guidelines so that the project(s) funded by this Agreement is no longer eligible for funding.
 3. There is a failure of the Grantee to follow the reporting schedule and/or provide appropriate source documentation for expenditures.
 4. The Grantee is found to be noncompliant with the terms and conditions of this Agreement.
 5. Any representation, warranty, or statement made by the Grantee herein or in any documents or reports relied upon by the GCSD to determine eligibility and award; is found to be untrue in any material respect when made.

XV. Equal Employment:

- A. In accordance with the Elliott-Larsen Civil Rights Act, the Persons with Disabilities Civil Rights Act, and Executive Directive 2019-09, the Grantee or any subrecipient of the award, shall not discriminate against any employee or applicant for employment in hiring, any terms and conditions of employment, or matters related to employment because of religion, race, color, national origin, age, sex, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position.
- B. In accordance with Michigan Department of Civil Rights Standards and Procedures for Civil Rights Compliance in State and Federal Contracts, the Grantee must have an established policy of equal employment opportunity without regard to religion, race, color, national origin, age, sex, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position.
1. The Grantee shall periodically review their policies and procedures, and to consider whether the make-up of their workforce might be an unintended symptom of a policy that should be changed, and to take steps necessary to correct any under representation and achieve a reasonably representative workforce at all levels of employment.
 2. In addition, the Grantee shall:
 - a. State in all recruiting materials and advertisements that all applicants will receive equal consideration for employment without regard to religion, race, color, national origin, age, sex, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position; and,
 - b. Post in conspicuous places, notices setting forth the law on equal opportunity in employment and public accommodations (posters are available from the Michigan Department of Civil Rights).
- C. The Grantee shall inform the GCSD of any federal or state actions taken against the Grantee pertaining to equal employment opportunity requirements.
- D. The Grantee shall keep employment or other resources used in preparation of the Minority-Female-Handicapper Status Report, Workforce Utilization Analysis, and Equal Employment Opportunity (EEO) Plan, six months beyond the life of the SROGP agreement to permit access by the GCSD, Michigan Department of Civil Rights, or other authorized persons, as may be necessary to ascertain compliance.
- E. The Grantee is subject to a determination of compliance with EEO requirements by the GCSD or the Michigan Department of Civil Rights.

XVI. Agreement Signatories:

The Grantee certifies that all representations made in this Agreement are true and correct, and all grant funds awarded pursuant to this Agreement shall be used only for the purpose(s) described herein. The Grantee acknowledges that the award is made solely upon this certification and that any false statements, misrepresentations, or material omissions may be the basis for immediate termination of this Agreement and repayment of grant funds.

In witness whereof, the GCSD and Grantee hereto have caused this Agreement to be executed by their duly authorized representatives.

Name of Contractor's Authorized Official Milton Dohoney, Jr. City of Ann Arbor	Signature of Contractor's Authorized Official	Date
Name of Department's Authorized Official Nancy Becker Bennett, Division Director Michigan State Police Grants and Community Services Division	Signature of Department's Authorized Official	Date

STATEMENT OF WORK

**City of Ann Arbor (Grantee)
Michigan State Police (Department)
Community-Based Crisis Response Pilot Grant Program**

For the implementation of a Community-Based Crisis Response Pilot Grant Program, the Grantee will use allocated funding to support a new or existing community-based response program. The program established by the Grantee will provide for response to behavioral health, substance abuse, disability, and low-level nonviolent nuisance complaints or conflicts or community response by trained personnel, to situations where a continued police presence is considered unnecessary by law enforcement.

The Grantee will:

- Establish an unarmed crisis response program that will respond to non-criminal behavioral health, substance abuse, disability, and low-level, nonviolent nuisance complaints or conflicts, or community response by trained personnel, to situations where a continued police response is considered unnecessary by law enforcement. ~~calls for service from the community where an approach centered around public health and rooted in harm reduction will help alleviate the need to involvement in the criminal justice system in Washtenaw County.~~

**FY24 Community-Based Crisis Response (CBCR)
Budget Detail Worksheet**

Personnel Salary and Fringe Benefits List each position by employee name (if known) and title. Show the annual salary and benefits cost and the percentage of time to be devoted to the project. Total cost will auto-fill. In the narrative section, include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives.

Name	Position	Annual Salary and Benefits	Percentage of time dedicated to CBCR	Total Cost
N/A				\$ -
				\$ -
Category Total				\$ -

Narrative

Grant Administrative Costs List each grant administrative position by employee name (if known) and title. Show the annual salary and benefit costs and percentage of time to be devoted to the project. Total cost will auto-fill. In the narrative section, include a description of the responsibilities and duties of each position in relationship to grant administrative functions.

Name	Position	Annual Salary and Benefits	Percentage of time dedicated to CRP	Total Cost
N/A				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Category Total				\$ -

Narrative

Supplies List items by type (ex. office supplies, postage, training materials, and expendable equipment items costing less than \$5,000). Generally, supplies include any materials that are expendable or consumed during the course of the project. Total cost will auto-fill. In the narrative section, provide an explanation and justification for all supplies.

Item	Number of Items	Unit Cost	Total Cost
N/A			\$ -
			\$ -
			\$ -
Category Total			\$ -

Narrative

Equipment List non-expendable items to be purchased. Applicants should analyze the cost benefits of purchasing versus leasing equipment. Rented or leased equipment should be listed in the "Contractual" category. In the narrative section, provide an explanation and justification for all equipment.

Item and Description	Number of Items	Unit Cost	Total Cost
N/A			\$ -
Category Total			\$ -

Narrative

Travel Itemize travel expenses for personnel (ex. training, site visits, advisory group meetings, etc.). Include the travel location if known. In the narrative section, describe the purpose of travel and

Purpose of Travel	Location	Type of Expense (ex. lodging, meals, transportation, etc.)	Cost Basis (ex. per day, hour, mile, etc.)	Cost	Quantity	Number of staff	Number of Trips	Total Cost
N/A								\$ -
								\$ -
Category Total								\$ -

Narrative

Contractual Contractual expenses may include subawards (ex. to a community partner), procurement costs, or consultant fees. In the narrative section, provide an explanation and justification for each contractual expense. Please also describe the purpose of the contract, including anticipated goals or outcomes.

Item	Purpose	Cost	Quantity	Units	# of Hours	Total Cost
Consultant fees	Establishment of community-based crisis response			1 program		\$ 483,000.00
City of Ann Arbor -Cash Match	Cash Match			1		\$ 120,750.00
						\$ -

Narrative City will contract with an outside organization for the establishment of a community-based crisis response program for crisis response situations not requiring a law enforcement presence.

Training Training costs can include registration costs for specific training or conferences related to the project being implemented. Travel associated with training should be listed in the travel section of the budget.

Item	Purpose	Cost	Quantity	# of Hours of Training	Total Cost
N/A					\$ -
Category Total					\$ -

Narrative

Project Total (not to exceed \$483,000) \$ 603,750.00

COMMUNITY-BASED CRISIS RESPONSE PILOT GRANT (CBCRP) PROGRAM FINANCIAL STATUS REPORT (FSR)

I. Applicant's Information			
1. Agency Name		2. Grant Number	
3. Address	4. City	5. State	6. ZIP Code
II. Financial Status Report (Due 30 Days After the End of a Reporting Period)			
7. Reporting Period			
<input type="checkbox"/> July 1, 2024 – September 30, 2024	<input type="checkbox"/> October 1, 2024 – December 31, 2024	<input type="checkbox"/> January 1, 2025 – March 31, 2025	
<input type="checkbox"/> April 1, 2025 – June 30, 2025	<input type="checkbox"/> July 1, 2025 – September 30, 2025	<input type="checkbox"/> October 1, 2025 – December 31, 2025	
<input type="checkbox"/> January 1, 2026 – March 31, 2026	<input type="checkbox"/> April 1, 2026 – June 30, 2026	<input type="checkbox"/> July 1, 2026 – September 30, 2026	
<input type="checkbox"/> October 1, 2026 – December 31, 2026	<input type="checkbox"/> January 1, 2027 – March 31, 2027	<input type="checkbox"/> April 1, 2027 – June 30, 2027	
<input type="checkbox"/> July 1, 2027 – September 30, 2027	<input type="checkbox"/> October 1, 2027 – December 31, 2027	<input type="checkbox"/> January 1, 2028 – March 31, 2028	
<input type="checkbox"/> April 1, 2028 – June 30, 2028	<input type="checkbox"/> July 1, 2028 – September 30, 2028		
III. Expenditure Detail (Must Attach Payment Documents such as Invoice(s) and Canceled Check(s))			
8. Expense Category	9. Expense Description	10. Total Expenditure Incurred for Period	11. Total Expenditure Incurred to Date
A. Personnel		\$	\$
B. Fringe Benefits		\$	\$
C. Travel		\$	\$
D. Equipment		\$	\$
E. Supplies		\$	\$
F. Subawards		\$	\$
G. Indirect		\$	\$
H. Other		\$	\$
12. Total Amount Incurred this Period		\$	\$
13. Total Cumulative Amount Incurred to Date			\$
IV. Reimbursement Request			
14. Amount Requested for Reimbursement		\$	
This is my final report.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
V. Certification			
<p>I certify all statements in this report, including all requested supplemental information, are true, complete, and accurate to the best of my knowledge. I understand failure to submit any required reports may result in the termination of the grant. I understand this grant may be terminated if the Michigan State Police concludes I am not in compliance with the conditions and provisions required by the contract covering this grant or have falsified any information. By way of signature, I agree with all the conditions of this grant program.</p>			
Agency's Authorized Official or Financial Officer Signature		Date	
Printed Name of Authorized Official or Financial Officer		Title of Authorized Official or Financial Officer	
For MSP Use Only			
Reviewed By:	Date:	Approved By:	Date:
Date sent to finance for payment:		Date received confirmation of payment:	

COMMUNITY-BASED CRISIS RESPONSE PILOT GRANT (CBCRP) PROGRAM PROGRAM STATUS REPORT (PSR)

I. Applicant's Information			
1. Agency Name		2. Grant Number	
3. Address		4. City	5. State
			6. ZIP Code
II. Program Status Report (Due 30 Days After the End of a Reporting Period)			
7. Reporting Period			
<input type="checkbox"/> July 1, 2024 – September 30, 2024	<input type="checkbox"/> October 1, 2024 – December 31, 2024	<input type="checkbox"/> January 1, 2025 – March 31, 2025	
<input type="checkbox"/> April 1, 2025 – June 30, 2025	<input type="checkbox"/> July 1, 2025 – September 30, 2025	<input type="checkbox"/> October 1, 2025 – December 31, 2025	
<input type="checkbox"/> January 1, 2026 – March 31, 2026	<input type="checkbox"/> April 1, 2026 – June 30, 2026	<input type="checkbox"/> July 1, 2026 – September 30, 2026	
<input type="checkbox"/> October 1, 2026 – December 31, 2026	<input type="checkbox"/> January 1, 2027 – March 31, 2027	<input type="checkbox"/> April 1, 2027 – June 30, 2027	
<input type="checkbox"/> July 1, 2027 – September 30, 2027	<input type="checkbox"/> October 1, 2027 – December 31, 2027	<input type="checkbox"/> January 1, 2028 – March 31, 2028	
<input type="checkbox"/> April 1, 2028 – June 30, 2028	<input type="checkbox"/> July 1, 2028 – September 30, 2028		
8. Please describe current reporting period activities. Please provide specific details such as staff activity (data analysis conducted, reports generated, etc.)			
9. Have you encountered roadblocks to the implementation of this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details and describe your plan for overcoming the listed roadblocks.			
10. Is your project on track with the overall project timeline? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide details and describe your plan for moving the project back on track.			
11. Do you require program or financial assistance from the Michigan State Police, Grants and Community Services Division? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please explain:			
III. Certification			
I certify all statements in this report, including all requested supplemental information, are true, complete, and accurate to the best of my knowledge. I understand failure to submit any required reports may result in the termination of the grant. I understand this grant may be terminated if the Michigan State Police concludes I am not in compliance with the conditions and provisions required by the contract covering this grant or have falsified any information. By way of signature, I agree with all the conditions of this grant program.			
Agency's Authorized Official or Program Officer Signature		Date	
Printed Name of Authorized Official or Program Officer		Title of Authorized Official or Program Officer	