

## Detroit Wayne Integrated Health Network

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To: SED Children Providers ONLY

From: Cassandra Phipps (Director of Children's Initiative)

CC: Melissa Moody (VP of Clinical Operations), Stacey Sharp (Assoc VP of Clinical

**Operations**)

**Re:** Detroit Chempreneurist – Request for Information (RFI)

Date: March 13, 2025

DWIHN Children's Initiative Department has had the pleasure of partnering with Detroit Chempreneruist since 2022. Our goal is to continue to connect SED Children Providers with Detroit Chempreneruist to offer child, youth, and family events to promote access to services and youth and parent voice.

Detroit Chempreneruist is a nonprofit organization that exposes students to personal care chemistry and entrepreneurship activities. <a href="https://www.detroitchempreneurist.org/">https://www.detroitchempreneurist.org/</a>

| Chemistry Activities                             | Entrepreneurship Activities                        |  |
|--|--|--|
| Personal Care Chemistry workshops will focus on  | Entrepreneurship workshops will focus on the       |  |
| innovating and creating cosmetic products.       | process of starting a business, with the aim to    |  |
| Students will hypothesize, experiment with       | deliver something new or improved to the           |  |
| product ideas, make observations, draw           | market. Students will explore their own skill sets |  |
| conclusions, and make adjustments while creating | to help motivate a sustainable business or expand  |  |
| unique product formulations.                     | their "toolkit" to achieve their personal goals.   |  |

The goal for FY25 is to identify three (3) SED Children Providers who are interested in partnering with Detroit Chempreneurist to host one (1) child, youth, and family event per provider.

For providers who are interested please submit the following information for consideration by Friday 3/28/25 to the Smartsheet form:

https://app.smartsheet.com/b/form/50e7103958cb430695c5ebbffa98d055

Any questions contact Cassandra Phipps / cphipps@dwihn.org and Sherri Ruza / sruza1@dwihn.org.

## **Board of Directors**



## FY 25 – Detroit Chempreneruist Request for Information Form

| Current Date:                       | Children Provider Name:                |   |
|-------------------------------------|--|---|
| <b>Children Provider Representa</b> | ative Name:                            | _ |
| <b>Representative Contact Phone</b> | e Number / Email:                      |   |
|                                     |  | _ |
| Which location are you intere       | sted in hosting the event if selected: |   |
|                                     |  |   |

| Questions  | Yes | No |
|--|-----|----|
| Does your agency deliver services for children with serious emotional disturbances (SED)   |     |    |
| Will your agency agree to coordinate with DWIHN Children's Initiative Department and Detroit Chempreneruist staff to assist with planning details? |     |    |
| Will your agency agree to complete event flyer and submit for DWIHN approval 30 days prior to the event?   |     |    |
| Will your agency agree to facilitate the registration for the event?   |     |    |
| Will your agency agree to cover the cost for food for this event?  |     |    |
| Does your agency have the appropriate staffing to facilitate and coordinate the event?   |     |    |
| Has your agency participated in hosting an event with DWIHN and Detroit Chempreneurist in the past?  |     |    |

<sup>\*\*\*</sup>A final decision of selected Providers to be rendered by Friday, 3/28/2025 that will be communicated to all applicants.

## **Attestation Requirement**

I understand completing this RFI does not guarantee my organization will be selected for this grant opportunity. I also acknowledge that DWIHN will require documentation to verify that my organization meet(s) the criteria outlined in the application. This organization will cooperate with a DWIHN documentation audit, if requested, to verify that my organization meet(s) the required criteria. I hereby attest that all the information above is true and accurate to the best of my knowledge. I understand that if awarded this training opportunity, this organization will comply with all the requirements outlined in this document. I understand that if I do not provide all the required documentation, the training opportunity will be redirected to another applicant.

Printed Name of Applicant/Provider Organization Signatory Designee

Signature of Applicant/ Provider Organization Designee (Signature stamps are not accepted)

Sincerely,

Cassandra Phipps LPC, LLP, CAADC Cassandra Phipps LPC, LLP, CAADC CAADC Director of Children Initiatives Detroit Wayne Integrated Health Network