

**GRANT ANALYSIS FORM  
OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS**

**Department/Division:** Health Department

**Contact Person & Phone No:** Eric Gass, X2903

**Category of Request**

- New Grant**
- Grant Continuation**
- Change in Previously Approved Grant**

**Previous Council File No.** 120687

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**Project/Program Title:** Preventive Health Grant

**Grantor Agency:** State of Wisconsin Department of Health Services

**Grant Application Date:** Summer 2013

**Anticipated Award Date:** October 2013

**Please provide the following information:**

**1. Description of Grant Project/Program (Include Target Locations and Populations):**

The **Prevention Health Grant** will work on developing an agency strategic plan in preparation for and as a prerequisite for the MHD Accreditation process and is consistent with the Prevention Health and Health Services Block Grant guidelines.

**2. Relationship to City-wide Strategic Goals and Departmental Objectives:**

This program relates to the City-wide goal to enhance the health and well-being of Milwaukee residents by improving access to preventive health care; promote healthy behaviors; assure safe and healthy homes, businesses and neighborhoods; reduce racial and ethnic health disparities; and improve the quality of healthcare information and coordination of services.

**3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):**

Community-wide, these grants work to improve the health of Milwaukee's citizens.

**4. Results Measurement/Progress Report (Applies only to Programs):**

Outcome measurements are included as an addendum to the contract issued by the State and are related to the development and completion of the MHD Strategic Plan.

**5. Grant Period, Timetable and Program Phase-out Plan:**

The grant period for the Preventive Health Grant is September 1, 2013 through August 31, 2014

**6. Provide a List of Subgrantees:**

**Strategic Healthcare Solutions**

**7. If Possible, Complete Grant Budget Form and Attach.**