GRANT ANALYSIS FORM
OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health

Contact Person & Phone No: Steve Gradus, #3526/ Paul Biedrzycki #5787

Category of Request

☐ New Grant

☒ Grant Continuation   **Previous Council File No.** 010646

☐ Change in Previously Approved Grant   **Previous Council File No.**

Project/Program Title: AIDS/HIV Counseling and Testing Grant

Grantor Agency: State of Wisconsin Division of Health and Family Services

Grant Application Date: N/A – Continuing   **Anticipated Award Date:** July 1, 2002

Please provide the following information:

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

The City of Milwaukee Health Department's Sexually Transmitted Diseases Clinic Lab (STD Clinic) at 7th and Michigan ran through a total of 6,201 patients, 5,258 from the clinic and 943 from the outreach program during the time period July 1, 2000 through June 30, 2001. This population is at high risk for HIV with a 3.5% positivity rate. Our target population is residents of Milwaukee that would not seek HIV testing elsewhere.

Through this grant agreement from the State, the Health Department serves as the State's testing and counseling agent for HIV//AIDS infected individuals.

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

This grant would assist in the goal to decrease the morbidity and mortality of Milwaukee residents due to HIV.

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

Without this grant, the Department would not be funded to perform these laboratory diagnostic tests. City funding would be needed to purchase supplies needed for testing and counseling.

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

These tests assist in the evaluation of HIV Result Measures.

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

The grant period is July 1, 2002 through June 30, 2003.

6. Provide a List of Subgrantees:

N/A

7. If Possible, Complete Grant Budget Form and Attach to Back.