

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Health Department**

Contact Person & Phone No: Ali Reed x3524

Category of Request

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

Previous Council File No.

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Project/Program Title: Preventative Health Grant

Grantor Agency: State of Wisconsin Department of Public Health

Grant Application Date: n/a

Anticipated Award Date: 10/30/17

Please provide the following information:

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

Prevention grant money will be utilized to improve public health in Milwaukee through Accreditation Efforts. The MHD will be implementing and evaluating the MKE Elevate campaign throughout 2017 and 2018. In the fall of 2017, three priority action teams will finalize and take accountability for goals and objectives in the Community Health Improvement Plan (CHIP). This process will be facilitated by the MHD but be a combined community effort, and the resulting work will be community based. This funding also supports half the salary (0.5 FTE) of the Public Health Planner, a position which supports Accreditation, including but not limited to Performance Management and Workforce Development at the MHD.

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

Two of the key MHD goals in our 2013-2017 Strategic Plan are Partnerships and Policy.

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

This grant will support efforts to implement new strategies that have been developed in the last year. It will assure that we are documenting our progress and focusing on the creation of an all-inclusive community health improvement plan.

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

Implementation and Evaluation of a Community Health Improvement Plan, and creation of a Performance Management Plan.

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

10/1/17 – 9/30/18

6. Provide a List of Subgrantees:

N/A

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

See attached.