GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health Contact Person & Phone No: Paul Biedrzycki, #5758 Category of Request New Grant **Grant Continuation** Previous Council File No. 991760 Change in Previously Approved Grant Previous Council File No. Project/Program Title: Sexually Transmitted Diseases Grant Wisconsin Division of Health and Family Services Grantor Agency: **Grant Application Date:** Not applicable - Continuing Anticipated Award Date: March 1, 2001 Please provide the following information: 1. Description of Grant Project/Program (Include Target Locations and Populations): The purpose of the Sexually Transmitted Diseases Grant is to reduce the incidence and complications of sexually transmitted diseases in Milwaukee through preventive health education services and focused disease intervention activities. This grant allows the Milwaukee Health Department to provide gonorrhea culture test services to health care providers in the community. 2. Relationship to City-wide Strategic Goals and Departmental Objectives: This grant aids the Health Department to achieve its objective of controlling the spread of communicable disease in Milwaukee. By aiming to reduce the incidence of STD's, it promotes the City-wide goal of making Milwaukee a city of healthy citizens. 3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs): More than 90% of all reported venereal disease morbidity in the Southeast Wisconsin region is reported by the City of Milwaukee. The incidence of STD's remains high, and the consequences of these diseases remain serious. Pregnant women, for example, who are infected with a STD can transmit the infection to their child causing miscarriage, stillbirth, premature delivery and other problems. These grant funds are essential to the effectiveness of the Health Department's STD Program. 4. Results Measurement/Progress Report (Applies only to Programs):

The grant period is 01-01-01 through 12-31-01. Without these grant funds these services could not be provided in the community.

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

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

6. Provide a List of Subgrantees:

N/A