

# GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Health Department**

Contact Person & Phone No: **Irvine Reitl x8555**

**Category of Request**

**New Grant**

**Grant Continuation**

**Change in Previously Approved Grant**

**Previous Council File No.**

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**Project/Program Title:** HIV Risk Reduction for Repeat STI Patients

**Grantor Agency:** Medical College of Wisconsin

**Grant Application Date:** 8-1-10

**Anticipated Award Date:** 1-1-11

**Please provide the following information:**

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

People repeatedly affected by sexually transmitted infections (STIs) are at increased risk for exposure and infection with HIV. The project seeks to develop a new intervention that addresses life issues (employment, housing, domestic violence, substance abuse), as well individual behaviors, in order to reduce risk among people at high vulnerability for HIV infection. The target population will include people of both genders who come to the City's Sexually Transmitted Disease (STD) clinic for STD examinations or HIV testing, who consent to participate in the study and are age 18 or older, present for a diagnosis of a STI, have had a previous bacterial STI diagnosis in the clinic more than 30 days ago and within the past 12month and no HIV-positive test result in the past.

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

The project is directly related to the City-wide goals of improving health in the community and to the specific Health Department objectives related to decreasing the rate of STDs and HIV.

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

These grant funds support the majority of a nurse practitioner position, program supplies and computer equipment for the STD program.

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

Please refer to Question 1 above.

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

The funding period is September 1, 2010 – July 31, 2011

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

N/A

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