

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

**Department/Division:** Fire Department

**Contact Person & Phone No:** Asst. Chief Joshua Parish X8982 and Dep. Chief Sharon Purifoy X8981

**Category of Request**

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

**Previous Council File No.** 200254

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**Project/Program Title:** CARES Act Provider Relief Grant

**Grantor Agency:** U.S. Department of Health & Human Services

**Grant Application Date:** N/A

**Anticipated Award Date:** December 17, 2020

**Please provide the following information:**

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

These funds will aid the Milwaukee Fire Department in its responsibility to prevent, prepare for, and respond to coronavirus in our community. Funds will be used for health care related expenses that are attributable to coronavirus.

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

Contributes to the Mayor goal of providing safe and healthy neighborhoods.

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

Failure to accept these funds would impact the City of Milwaukee Fire Department's ability to prevent, prepare for, and respond to coronavirus in our community.

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

Increase response and transport capability for 911 calls related to coronavirus patients.

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

February 1, 2020 – December 30, 2020

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

None

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

See Attached