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

Contact Person & Phone No: Paul Biedra	ycki, #5758		
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Category of Request			
☐ New Grant			
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Change in Previously Approved Grant

Previous Council File No. 000021

Previous Council File No.

Project/Program Title: STD/HIV Prevention Training Grant

Grantor Agency: Centers for Disease Control (CDC) through the Cincinnati Health Dept.

Grant Application Date: N/A Continuing

**Grant Continuation** 

Department/Division: Health

Anticipated Award Date: May 1, 2001

Please provide the following information:

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

The Health Department Sexually Transmitted Diseases (STD) /HIV Program and staff at the Central Health Clinic (CHC) will serve as a model training center for students and professionals enrolled in the STD/HIV Prevention Training Center in Cincinnati. The CHC provides excellent on-site opportunities in learning STD/HIV diagnosis and management, in terms of numbers of individuals served and availability of up-to-date diagnostic technology and cutting edge medical information management.

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

This partnership provides the Health Department an opportunity to share resources with the Milwaukee provider community, thereby increasing community capacity to serve greater numbers of individuals who are either at risk for or diagnosed with STD/HIV, Enrollment in the Cincinnati training program is open to Milwaukee providers.

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

The grant will provide a .5 FTE Nurse Practitioner to coordinate all training activities at the CHC with the Cincinnati STD/HIV prevention training Center. The nurse practitioner will also serve as a resource to all staff at the CHC

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

N/A

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

The grant period will be April 1, 2001 through March 31, 2002.

6. Provide a List of Subgrantees:

N/A

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