

# GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Health Department**

Contact Person & Phone No: **Dr. Eric Gass 286-2903**

## Category of Request

**New Grant**

**Grant Continuation**

**Change in Previously Approved Grant**

**Previous Council File No. 100488**

**Previous Council File No.**

**Project/Program Title: Public Health 101 Grant**

**Grantor Agency: UW-Milwaukee School of Public Health**

**Grant Application Date:**

**Anticipated Award Date: 1-3-2012**

**Please provide the following information:**

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

Reimburse the City of Milwaukee Health Department for Dr. Eric Gass, Public Health Research and Policy Director's time to teach Public Health 101 for the Spring 2012 semester.

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

This is related to our Academic Health Department relationship with the UW-Milwaukee School of Public Health

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

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

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

1-23-2012 to 5-25-2012

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

**N/A**

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