See attached.

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Div	/ision:	City of Milwaukee Health Department	(MHD), Clinical Services Branch	
Contact Persor	n & Phone	No: Melissa Babler 414-286-862	1	
	_			
Category of F				
	New G		Draviaus Coursil File No	004.404
		Continuation	Previous Council File No.	221401
	Change	e in Previously Approved Grant	Previous Council File No.	
Project/Prograr	n Title:	HIV Prevention		
Grantor Agency	y:	Wisconsin DHS		
Grant Application	on Date:	N/A	Anticipated Award Date:	January 1, 2024
This is Prograi confere	an annual n located ence and t	at Keenan Health Center. These funds	ocations and Populations): partment of Health Services (DHS), that supports a target HIV education, testing supplies, dual prot . All funds enable MHD to conduct HIV and other	ection supplies, patient education materials
Milwaul	kee contin	ity-Wide Strategic Goals and Departmo lues to be a city with high rates of STI's rk of the team to meet educate and tes	ental Objectives: s. This grant supports work to educate, test and to the patients in the field, reducing barriers for patient	reat patients and their partners. This grant ts who are not able to get to the clinic.
			ral Operations (Applies only to Programs): st, treat and education patients in the City of Milw	aukee.
		ment/Progress Report (Applies only to ks closely with the state (DHS), and sh	Programs): nares data of test conducted and outreach perforr	med.
5. Grant F	Period, Tin unds are f	netable and Program Phase-Out Plan: or January 1 through December 31, 20	024.	
6. Provide None	e a list of S	Subgrantees:		
7 If Possi	ble, comp	lete Grant Budget Form and attach to l	back.	