

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

Department/Division: **Health Department**

Contact Person & Phone No: **Ali Reed x3524**

**Category of Request**

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

**Previous Council File No.** 140716

**Previous Council File No.**

**Project/Program Title:** Preventive Health Grant

**Grantor Agency:** State of Wisconsin Department of Health Services

**Grant Application Date:** Ongoing

**Anticipated Award Date:** September 2014

**Please provide the following information:**

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

The **Prevention Health Grant** will work on planning and implementation of a Community Health Improvement Plan for and as a prerequisite for the MHD Accreditation process and is consistent with the Prevention Health and Health Services Block Grant guidelines. The Community Health Improvement Plan is being built upon the results of the agency Strategic Plan and priorities identified in the MHD's Community Health Assessment completed in the summer of 2014.

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

This program relates to the City-wide goal to enhance the health and well-being of Milwaukee residents by improving access to preventive health care; promote healthy behaviors; assure safe and healthy homes, businesses and neighborhoods; reduce racial and ethnic health disparities; and improve the quality of healthcare information and coordination of services. A main focus this year is engagement of the community and development of partnerships to improve the quality of the health care provided based on the assessed needs of our population.

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

Community-wide, these grants work to improve the health of Milwaukee's citizens.

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

This process includes a planning period and implementation of a community wide improvement plan. Results will include but not be limited to a community planning session, specific workgroups for priority areas and ongoing monitoring and engagement of the public health community at large. A documented Community Health Improvement Plan and ongoing outcome reports will be the final outputs.

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

The grant period for the Preventive Health Grant is September 1, 2013 through September 30, 2015.

Due to a change in the State Grant award process, this grant states a start date of September 1, 2013, however, MHD will only expend prospectively.

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

**A consultant to be identified**

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

Attached.