GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

| Department/Division: Health Department Contact Person & Phone No: Eric Gass, PhD, X2903 Category of Request | | |
|--|-------------------------------------|--------------------------------------|
| | | |
| Project/Program Title: Academic Health Department Grant Grantor Agency: Forest County Potawatomi Foundation | | |
| Grant A | pplication Date: June 29, 2009 | Anticipated Award Date: October 2009 |
| Please provide the following information: | | |
| 1. Description of Grant Project/Program (Include Target Locations and Populations): | | |
| To support dedicated time of a consultant to work in concert with the Mayor, the Health Department, the University of WI-Milwaukee, and the community to focus on connecting the activities and programs of the City Health Department to the new, emerging School of Public Health at UW-Milwaukee. | | |
| 2. Relationship to City-wide Strategic Goals and Departmental Objectives: | | |
| The goals and objectives of this grant are consistent with the City-wide strategic goal of improving the health of its citizens and the Health Department's focus on public health assessment, policy development, service availability and accessibility to health related services. | | |
| 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: | | |
| | November 1, 2009 - October 31, 2010 | |
| 6. Provide a List of Subgrantees: | | |
| | N/A | |
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7. If Possible, Complete Grant Budget Form and Attach.