GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Depart	ment/Division:	Fire/Bureau of Emergency Medical Services		
Contact Person & Phone No:		Deputy Chief Gloria Murawsky, 286-8982		
Cate	gory of Request			
	New Grant			
Х	Grant Continuation			
	Change in Previously	Approved Grant		
			Previous Council File No. 030154 Previous Council File No.	
Projec	t/Program Title: Wiscor	nsin EMS Funding Assistance Program		
Granto	r Agency: Wisconsin De	partment of Health & Family Services		
Grant A	Application Date: July 31	l <u>, 2003</u>	Anticipated Award Date: September, 2003	
Please	provide the following i	information:		
1.	Description of Grant Project/Program (Include Target Locations and Populations):			
		for State of Wisconsin Emergency Medical See Fire Department provides EMS to the citizer	dervice (EMS) providers to enhance the provision of emergency medical is and visitors of the City of Milw aukee.	
2.	Relationship to City-v	vide Strategic Goals and Departmental C	bjectives:	
	_	Villw aukee's citizens from crime, fires, and oth damage caused by fires and other catastroph		
	services to make the ci	ity a safe place to live, work, and conduct bu	ons as well as the departments objective to provide excellent emergency siness. The equipment, supplies, and training available through this grant of emergency medical services for the citizens and visitors of the City of	
3.	Need for Grant Funds	and Impact on Other Departmental Ope	rations (Applies only to Programs):	
4.	Results Measuremei	nt/Progress Report (Applies only to Prog	ırams):	

6. Provide a List of Subgrantees:

July 1, 2003 through June 30, 2004

Grant Period, Timetable and Program Phase-out Plan:

None

5.

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