

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health Department

Contact Person & Phone No: Lindsey Page, Infectious Disease Program Manager x5789

Category of Request

New Grant

Grant Continuation

Previous Council File No. 190292

Change in Previously Approved Grant

Previous Council File No.

Project/Program Title: Communicable Disease Prevention

Grantor Agency: Wisconsin Department of Health Services, Division of Public Health

Grant Application Date: n/a

Anticipated Award Date: 7/1/2020

Please provide the following information:

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

These funds will be used for:

- Purchasing program supplies and equipment to increase capacity to respond to communicable disease events
- Trainings to increase competencies around communicable disease issues
- Enhancing capabilities around STI strategic planning

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

This program is consistent with City-wide strategic goals and department outcomes to reduce illness and injury from communicable diseases and disasters in Milwaukee.

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

These monies will help enhance capabilities around communicable disease follow-up in Milwaukee.

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

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

July 1, 2020 – June 30, 2021

6. Provide a List of Subgrantees:

None

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