

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: HEALTH DEPARTMENT

Contact Person & Phone No: Irmine Reitzl, X8555

**Category of Request**

- ☐ New Grant
- ☒ Grant Continuation
- ☐ Change in Previously Approved Grant

Previous Council File No. 071099

Previous Council File No.

Project/Program Title: 2009 Hepatitis B Immunization Grant

Grantor Agency: State of Wisconsin Division of Health and Family Services

Grant Application Date: N/A – continuing grant

Anticipated Award Date: February 2009

Please provide the following information:

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

The purpose of this program is to assure that pregnant women who test positive for hepatitis B are identified and that their infants and household members receive appropriate treatment.

**2. Relationship to Citywide Strategic Goals and Departmental Objectives:**

This program supports the Health Department's strategic objectives to reduce illness and injury from communicable disease and improve the health of women and children.

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

The hepatitis B immunization program requires targeted recall and follow-up activities in the Milwaukee area. Current practices in area hospitals are not uniform and follow-up is required long after a hospital stay. Community based follow-up ensures proper vaccine administration.

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

None

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

Grant period is January 1, 2009 through December 31, 2009.

**6. Provide a List of Sub grantees:**

N/A

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