

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health DepartmentContact Person & Phone No: Lindsey Page 5789

Category of Request

New Grant

Grant Continuation

Previous Council File No. _____

Change in Previously Approved Grant

Previous Council File No. _____

Project/Program Title: ImmunizationGrantor Agency: State of WisconsinGrant Application Date: 7.1.18Anticipated Award Date: 6.30.19

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

This grant will allow the Health department to conduct perinatal follow up for hepatitis B positive woman and their infants. MHD will identify and manage each pregnant hepatitis B positive woman. In addition, for infants born to hepatitis B positive women.

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; reduce racial and ethnic health disparities; and improve the quality of healthcare information and coordination of services.

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

The funds support the Immunization program. Community-wide, these grants work to improve the health of Milwaukee's citizens.

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

Additional funding for each infant completing the hepatitis B series in a timely manner and post vaccination serologic testing. Funding is based on past reimbursements made and perinatal hepatitis B follow up.

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

The funding period of this one-time grant is July 1, 2018 – June 30, 2019.

6. Provide a list of Subgrantees:

N/A

7. If Possible, complete Grant Budget Form and attach to back.

Grant budget form is attached.