

**GRANT ANALYSIS FORM
OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS**

Department/Division: Health Department/Disease Control & Prevention

Contact Person & Phone No: Doug Gieryn, x5494

Category of Request

☒ **New Grant**

☐ **Grant Continuation**

☐ **Change in Previously Approved Grant**

Previous Council File No.

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Project/Program Title: Tuberculosis Control Program Grant

Grantor Agency: State of Wisconsin Department of Health & Family Services

Grant Application Date: December 1, 2002

Anticipated Award Date: January, 2003

Please provide the following information:

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

The grant monies will primarily be used to provide training to a new program supervisor and nurse coordinator and to purchase program participation incentives for high-risk clients to help ensure compliance with taking medications for tuberculosis and providing information about contacts.

2. Relationship to Citywide Strategic Goals and Departmental Objectives:

The goals and objectives of this grant are consistent with the Citywide strategic goal of improving the health its citizens and the Health Department objective of reducing illness from communicable disease.

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

These grant funds will serve to enhance program management and reduce the spread of tuberculosis within the community.

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

Evaluation of this grant will be based upon an analysis of the number of tuberculosis cases with case contacts identified, contact examination rate, and contact treatment rate.

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

Grant funding is for a thirteen-month period of December 1, 2002 through December 31, 2003.

6. Provide a List of Subgrantees:

N/A

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