

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

Department/Division: Health/Administration

Contact Person & Phone No: Paul Biedrzycki, #5758

**Category of Request**

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No. 000713

Previous Council File No.

**Project/Program Title:** Public Health Preparedness and Response for Bioterrorism Grant (Bioterrorism Grant)

**Grantor Agency:** State of Wisconsin Department of Health and Family Services

**Grant Application Date:** N/A Continuing

**Anticipated Award Date:** November 15, 2001

**Please provide the following information:**

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

Grant funds will be used to develop key components of a system that will prepare Milwaukee to better respond to threats or acts of terrorism that involve a biologic agent. This includes staff and community emergency planning and training activities, enhancement of disease surveillance and reporting systems within the Health Department and improving Health Department laboratory analytical capabilities.

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

This grant directly relates to City-wide and department goals and objectives. City goal: Develop and advocate for resources that will ensure the availability of services that protect the health of City residents.

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

The grant funds will enhance existing emergency management, communicable disease, epidemiology and laboratory programs within the Health Department. There will be no negative impact.

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

6200 – Communicable Disease Control  
6250 - Emergency Outbreak Control  
0110 – Emergency Services

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

The grant period is 09/01/01 through 08/31/02/

**6. Provide a List of Subgrantees:**

N/A

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