

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health Department

Contact Person & Phone No: Lindsey Page ext. 5789

### Category of Request

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No.

Previous Council File No.

Project/Program Title: Immunization Cooperative Agreement Grant

Grantor Agency: Wisconsin Department of Health Services

Grant Application Date: October 01, 2021

Anticipated Award Date: October 01, 2021

Please provide the following information:

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

The purpose of the contract is to provide COVID-19 vaccine in an accessible, culturally relevant manner to under-served and/or under vaccinated communities.

**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 COVID-19 vaccinations.

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

The Immunization Cooperative Agreement Grant funds positions and services needed to sufficiently administer the programs. These functions could not be achieved without the grant funding supplementing the City funds. Community-wide, these grants work to improve the health of Milwaukee's citizens during the pandemic.

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

- Number of Milwaukee residents vaccinated
- Number of Vaccines administered

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

The grant operation period is July 01, 2021 – June 30, 2024

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

NA

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