

# GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

**Department/Division:** HEALTH DEPARTMENT/DISEASE CONTROL & ENVIRONMENTAL HEALTH

**Contact Person & Phone No:** Lindsey Page, X5789

**Category of Request**

**New Grant**

**Grant Continuation**

**Change in Previously Approved Grant**

**Previous Council File No.** 191245

**Previous Council File No.**

**Project/Program Title:** 2020 Hepatitis B Immunization Grant

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

**Grant Application Date:** N/A – continuing grant

**Anticipated Award Date:** January 2021

**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 virus are identified and that their infants 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 intervention and follow-up activities in the Milwaukee area. MHD provides community based follow up and case management to encourage proper vaccine administration.

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

- Number of hepatitis B positive mothers identified
- Percent of infants that completed the hepatitis B vaccine series by their first birthday

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

Grant period is January 1, 2021 through December 31, 2021.

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

N/A

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

See attached grant budget