

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

Department/Division: Health

Contact Person & Phone No: Paul Biedrzycki, # 5758

Category of Request	
<input type="checkbox"/> New Grant	
<input checked="" type="checkbox"/> Grant Continuation	Previous Council File No. 020828
<input type="checkbox"/> Change in Previously Approved Grant	Previous Council File No.

Project/Program Title: HIV Women's Project

Grantor Agency: Medical College of Wisconsin

Grant Application Date: N/A Continuing Grant

Anticipated Award Date: November 1, 2003

Please provide the following information:

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

This program will provide public health nursing case management to a targeted population of HIV infected women and their families. In working collaboratively with medical care providers, community-based HIV resources, the Medical College of Wisconsin, and other community agencies, the program will assure continuity of care between the primary care provider and infectious disease specialists.

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

This grant relates to the Health Department objectives of reducing the incidence of HIV and promoting the health and safety of Milwaukee women and children.

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

This funding will build on current Health Department HIV efforts by addressing a gap in service to HIV infected women. This project also builds upon an initiative of the Medical College of Wisconsin focused on HIV infected children.

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

Anticipated outcomes include the number of infected women linked to medical care, primarily infectious disease specialists and gynecological care, and a reduction in the number of opportunistic infections as a result of this linkage.

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

August 1, 2003 through July 31, 2004

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

N/A

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