

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Office of Emergency Management & Homeland Security

Contact Person & Phone No: STEVEN FRONK 414.286.5062

Category of Request

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No. _____

Previous Council File No. _____

Project/Program Title: Homeland Security / UASI STAC Medical Intelligence Threat Analyst

Grantor Agency: U.S. Department of Homeland Security through Wisconsin Department of Military Affairs

Grant Application Date: 12/29/2015

Anticipated Award Date: 1/11/2016

1. Description of Grant Project/Program (Include Target Locations and Populations):
The grant will be used to retain the services of a contractor who will provide real-time health, infectious disease and other relevant information to UASI stakeholders while working in the Southeastern Threat Analysis Center (STAC).

2. Relationship to City-Wide Strategic Goals and Departmental Objectives:
Public Safety

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

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

5. Grant Period, Timetable and Program Phase-Out Plan:
1/1/2016 – 12/31/2016

6. Provide a list of Subgrantees:
NA

7. If Possible, complete Grant Budget Form and attach to back.