Attached

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: City of Milwaukee Health Department (MHD), Clinical Services Branch					
Conta	ct Person	& Phone	No: Naomi Jenkins 414-286-6318		
Cate	egory of R	equest			
		New G	rant		
	☐ Grant C		Continuation	Previous Council File No.	241582
		Change	e in Previously Approved Grant	Previous Council File No.	
Projec	t/Program	Title:	STI Infertility Prevention Grant PCHD	GR380042-	
Grantor Agency:		:	Wisconsin DHS		
Grant	Applicatio	n Date:	N/A	Anticipated Award Date:	3/01/2025
 Description of Grant Project/Program (Include Target Locations and Populations): This grant is for funds from DHS that support Milwaukee Health Departments Sexual and Reproductive Health Program located at the Keenan Health Center. These funds support the work of the Disease Intervention Specialists. Disease Intervention Specialists are responsible for contract tracing, case investigation and partner services to identify and treat people who are infected or exposed to diseases. 					
2.	Relationship to City-Wide Strategic Goals and Departmental Objectives: Milwaukee's STI strategy is to reduce the rates of sexually transmitted infections (STI). Education, testing and treating clients are the key strategies in addresses STIs in the City. Milwaukee continues to be a city where the are inequities in incidence, prevalence and access to affordable and responsive testing and care.				
3.	Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs): These grant funds compliment City funding and other State Grants to sustain high quality, medically accurate, accessible sexual and reproductive health care for the residents of Milwaukee.				
4.	Program attempts	n leaders	patient demographic data. Milwaukee is	Programs): gularly report on metrics which include client vol s a City that has high morbidity rates for STIs. T	
5.		eriod, Tin 25 to 2/28	netable and Program Phase-Out Plan: 3/2026		
6.	Provide N/A	a list of S	Subgrantees:		
7	If Possik	ole, comp	elete Grant Budget Form and attach to b	pack.	