GRANT ANALYSIS FORM
OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Health Department**

Contact Person & Phone No: Anna Benton, X3064

Category of Request

☒ **New Grant**

☐ **Grant Continuation**

Previous Council File No.

☐ **Change in Previously Approved Grant**

Previous Council File No.

Project/Program Title: Preventive Health Grant

Grantor Agency: State of Wisconsin Department of Health Services

Grant Application Date: Summer 2012   **Anticipated Award Date:** October 2012

Please provide the following information:

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

The **Prevention Health Grant** will work on developing an agency strategic plan in preparation for and as a prerequisite for the MHD Accreditation process and is consistent with the Prevention Health and Health Services Block Grant guidelines.

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 or Milwaukee residents by improving access to preventive health care; promote healthy behaviors; assure safe and healthy homes, businesses and neighborhoods; reduce racial and ethnic health disparities; and improve the quality of healthcare information and coordination of services.

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

Community-wide, these grants work to improve the health of Milwaukee's citizens.

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

Outcome measurements are included as an addendum to the contract issued by the State and are related to the development and completion of the MHD Strategic Plan.

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

The grant period for the Preventive Health Grant is October 1, 2012 through August 31, 2013

6. Provide a List of Subgrantees:

  Strategic Healthcare Solutions

7. If Possible, Complete Grant Budget Form and Attach.