

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Fire Department**

Contact Person & Phone No: **Jonathan Belott 414-286-5254**

### Category of Request

- ☒ **New Grant**
- ☐ **Grant Continuation**
- ☐ **Change in Previously Approved Grant**

**Previous Council File No.**

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**Project/Program Title:** **MORI: Enhancing Outreach for Disparately Impacted Communities**

**Grantor Agency:** **Advancing a Healthier Wisconsin Endowment via Wisconsin Department of Health Services via Medical College of WI**

**Grant Application Date:** **Anticipated Award Date:** 9/1/2025

**Please provide the following information:**

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

MFD will work to incorporate social workers into the Mobile Integrated Health (MIH)/Milwaukee Overdose Response Initiative (MORI) to follow up after Non-fatal overdoses. Social Workers will work alongside MORI and Peer Support Specialists to enhance available resources for those affected.

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

This aligns with the Mayor's goals of ensuring public safety and maintaining a clean and healthy environment.

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

Grant funds will allow the MFD Mobile Integrated Healthcare Program the ability to expand capacity via overtime to put processes in place, execute and evaluate.

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

All data collected will be compiled by MFD and shared with the Medical College of Wisconsin as dictated by the agreement.

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

7/1/2024 – 6/30/2026

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

**N/A**

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

See attached budget.