GRANT ANALYSIS FORM
OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: HEALTH DEPARTMENT/DISEASE CONTROL & ENVIRONMENTAL HEALTH

Contact Person & Phone No: Marisa Stanley, X6270

Category of Request

☐ **New Grant**

☒ **Grant Continuation**   **Previous Council File No.** 150985

☐ **Change in Previously Approved Grant**   **Previous Council File No.**

Project/Program Title: 2017 Hepatitis B Immunization Grant

Grantor Agency: State of Wisconsin Department of Health Services

Grant Application Date: N/A – continuing grant   **Anticipated Award Date:** January 2017

Please provide the following information:

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

   The purpose of this program is to assure that pregnant women who test positive for hepatitis B virus are identified and that their infants receive appropriate treatment.

2. **Relationship to Citywide Strategic Goals and Departmental Objectives:**

   This program supports the Health Department's strategic objectives to reduce illness and injury from communicable disease and improve the health of women and children.

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

   The hepatitis B immunization program requires targeted intervention and follow-up activities in the Milwaukee area. MHD provides community based follow up and case management to encourage proper vaccine administration.

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

   Case management will be attempted for all identified hepatitis B positive mothers and their infant with a goal that 90% of the infants will complete the hepatitis B vaccine series by their first birthday.

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

   Grant period is January 1, 2017 through December 31, 2017.

6. **Provide a List of Sub grantees:**

   N/A

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

   See Attached Grant Budget