

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health/Disease Control and Environmental Health

Contact Person & Phone No: Angie Hagy, Epidemiologist, #5833

Category of Request

☐ **New Grant**

☐ **Grant Continuation**

Previous Council File No.

☐ **Change in Previously Approved Grant**

Previous Council File No.

Project/Program Title: Immunization Action Plan ARRA Supplemental

Grantor Agency: Centers for Disease Control and Prevention through the State of Wisconsin Division of Health and Family Services

Grant Application Date: 09/01/09

Anticipated Award Date: October 2009

Please provide the following information:

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

The purpose of the IAP ARRA Supplemental funding is to add to existing immunization efforts aimed at increasing childhood and adolescent immunization rates.

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

This grant is consistent with the departmental strategic goal of increasing childhood immunization rates and increasing compliance with immunization requirements for school and childcare attendance.

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

Grant funding will allow MHD to continue work with schools, childcare facilities, healthcare providers and other organizations to assure that Milwaukee children have gotten all their childhood and adolescent immunizations.

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

Progress is monitored through tracking progress towards negotiated objectives.

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

The grant period is September 1, 2009 through February 29, 2012

6. Provide a List of Subgrantees:

N/A

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

Attached