

# GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health/Laboratories

Contact Person & Phone No: Dr. Stephen Gradus, X3909

**Category of Request**

**New Grant**

**Grant Continuation**

**Change in Previously Approved Grant**

**Previous Council File No.**

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**Project/Program Title:** Blood Center of Wisconsin Flu Grant

**Grantor Agency:** The Blood Research Institute of the Blood Center of Wisconsin

**Grant Application Date:** August, 2010

**Award Date:** September, 2010

**Please provide the following information:**

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

This is a multi-year, multi-disciplinary, multi-site study of how the immune system responds to a virus traveling through the population.

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

The grant will add significant insight and understanding into one of the major communicable diseases experienced annually in Milwaukee, influenza. The data generated by the grant will ultimately provide a model of the spread of influenza and of how the immune system responds to the virus.

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

Grant funds will defray the cost of supplies for running the tests. The workload for the grant will have minimal impact on the workload in the virology section. Tests will be done on serum provided by the Blood Center of Wisconsin.

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

The laboratory will perform influenza antibody tests. Tabulated results will appear annually in the Virology Section of the annual report. Historical influenza lab data will also be provided to the Blood Center for statistical analysis.

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

October 1, 2010 - September 30, 2011

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

N/A

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