

# GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Health Department**

Contact Person & Phone No: **Ali Reed x3524**

**Category of Request**

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

**Previous Council File No.** 150603

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**Project/Program Title:** Preventative Health Grant

**Grantor Agency:** State of Wisconsin Department of Public Health

**Grant Application Date:** n/a

**Anticipated Award Date:** 11/30/17

**Please provide the following information:**

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

Prevention grant money will be utilized to improve public health in Milwaukee through Accreditation Efforts. The MHD will be continuing the MKE Elevate campaign into late 2016 and early 2017 with the creation of three priority groups who will create goals and objectives for the Community Health Improvement Plan (CHIP). This process will be facilitated by the MHD but be a combined community effort, and the resulting work will be community based. Another part of this project will be to identify and purchase two systems; one to track our Policies and Procedures and assure documentation of our day to day work, and a second will be a dashboard to track internal health department outcomes. Both systems will contribute to the Accreditation process.

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

Two of the key MHD goals in our 2013-2017 Strategic Plan are Partnerships and Policy.

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

This grant will support efforts to implement new strategies that have been developed in the last year. It will assure that we are documenting our progress and focusing on the creation of an all-inclusive community health improvement plan.

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

Completion and implementation of a Community Health Improvement Plan, purchase of a Policies and Procedures documentation system; purchase of a system to document MHD outcomes.

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

10/1/16 – 9/30/17

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

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

See attached.