

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Fire Department**

Contact Person & Phone No: Lieutenant Gregory Miller 414-286-5254

### Category of Request

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

**GR3200521000 (2021-22)**  
Previous Council File No.

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Project/Program Title: **Wisconsin Coverdell Stroke Program**

Grantor Agency: **Wisconsin Department of Health Services**

Grant Application Date: Anticipated Award Date: **4/12/2022**

Please provide the following information:

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

MFD will participate in a post discharge study of patients diagnosed and treated for stroke in conjunction with local hospitals

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

Management, assessment, and education of this population is typically underserved. Engagement of this population is in line with the MFD mission statement.

Also Contributes to the Mayor's goal of providing safe and healthy neighborhoods through the provision of effective emergency medical services.

#### 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 augment resources with the goal of addressing this population. Funds will allow for the salaries of said resources.

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

All data collected will be compiled by MFD and local hospitals with an ultimate resting place in the CDC. This data will be a part of a much larger study.

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

6/30/2022-6/29/2023

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

N/A

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

See attached budget.