

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

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

Contact Person & Phone No: Lindsey Page, X5789

Category of Request

New Grant

Grant Continuation

Previous Council File No. 181190

Change in Previously Approved Grant

Previous Council File No.

Project/Program Title: 2020 Hepatitis B Immunization Grant

Grantor Agency: State of Wisconsin Department of Health Services

Grant Application Date: N/A – continuing grant

Anticipated Award Date: January 2020

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):

- Number of hepatitis B positive mothers identified
- Percent of infants that completed the hepatitis B vaccine series by their first birthday

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

Grant period is January 1, 2020 through December 31, 2020.

6. Provide a List of Sub grantees:

N/A

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

See attached grant budget