

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health

Contact Person & Phone No: Paul Biedrzycki, #5787

### Category of Request

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

Previous Council File No. 061108

Previous Council File No.

Project/Program Title: 2008 Hepatitis B Immunization Grant

Grantor Agency: State of Wisconsin Division of Health and Family Services

Grant Application Date: N/A – continuing grant

Anticipated Award Date: February 2008

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 are identified and that their infants and household contacts 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 recall and follow-up activities in the Milwaukee area. Current practices in area hospitals are not uniform and follow-up is required long after a hospital stay. Community based follow-up ensures proper vaccine administration.

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

None

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

Grant period is January 1, 2008 through December 31, 2008.

### 6. Provide a List of Sub grantees:

N/A

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