GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: City of Milwaukee Health Department (MHD), Clinical Services Branch					
Contac	t Person	& Phone	No: Melissa Babler 414-286-8621		
Cate	gory of R	Request			
		New G	rant		
	\boxtimes	Grant (Continuation	Previous Council File No.	221402
		Change	e in Previously Approved Grant	Previous Council File No.	
Project	/Progran	n Title:	PCHD (GR3800424000)		
Granto	r Agency	:	Wisconsin DHS		
Grant A	Application	n Date:	N/A	Anticipated Award Date:	January 1, 2024
1.	This is a Center. included	an annua These fu d. All func	nds support Disease Intervention Speci-	support the MHD's Sexual and Reproductive He alists, and a medical assistant. Additional funds to that the ct chlamydia, gonorrhea and syphilis testing and	for treatment and testing supplies are also
2.	Relationship to City-Wide Strategic Goals and Departmental Objectives: The overarching goal of the Milwaukee STI Strategy is to reduce the rates of sexually transmitted infections. Education, testing, and treating clients is a key strategy in addressing STIs, which are a major factor in Milwaukee's population health and other health outcomes. Milwaukee continues to be a city where there are inequities in incidence, prevalence, and access to affordable and responsive testing and care. These funds assure access and capacity to testing and treatment, as well as education and engagement to understand and reduce key risks for the spread of STIs and adverse health consequences.				
3.	Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs): These grant compliment City funding and other State grants to sustain high quality, medically accurate, accessible sexual and reproductive health services for Milwaukee residents.				
4.	Progran demogr	n leaders aphic dat		Programs): larly report on metrics, including client volumes, orbidity rate for STI. These funds assist with test	
5.			netable and Program Phase-Out Plan: January 1 through December 31,2024.		
6.	Provide N/A	a list of S	Subgrantees:		
7	If Possil Attache		olete Grant Budget Form and attach to b	ack.	