

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: City of Milwaukee Health Department (MHD), Clinical Services Branch

Contact Person & Phone No: Melissa Babler 414-286-8621

Category of Request

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No. 221141

Previous Council File No. _____

Project/Program Title: Family Planning GPR Funds

Grantor Agency: Wisconsin DHS

Grant Application Date: Continuing – Statutorily funded

Anticipated Award Date: January 1, 2024

Description of Grant Project/Program (Include Target Locations and Populations):3

1. This is an annual grant renewal for funds from Wisconsin Department of Health Services (DHS) that support MHD's Sexual and Reproductive Health Program (SRHP) located at Keenan Health Center. Specifically, these funds support clinical services to clients accessing the walk-in clinic at Keenan. Funds are designated for a public Health Nurse, medical assistant, medical consultant fees, and clinic supplies necessary for typical operations. The SRHP services ~6,000 clients annually for testing, diagnosis, and treatment related to sexually transmitted infections (STI) and reproductive health needs.
2. Relationship to City-Wide Strategic Goals and Departmental Objectives:
Milwaukee continues to be a city with high rates of STI's which disproportionately affect minority patients. Addressing the STI rates in the City of Milwaukee is a priority for improving the overall health of the community.
3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):
These funds support clinical STI services to the Milwaukee community for confidential, free, walk-in care.
4. Results Measurement/Progress Report (Applies only to Programs):
Program leaders work closely with the state (DHS) and regularly report metrics such as client volumes, diagnoses, and demographic data.
5. Grant Period, Timetable and Program Phase-Out Plan:
Grant funds are for January 1, 2024 through December 31,2024.
6. Provide a list of Subgrantees:
None
7. If Possible, complete Grant Budget Form and attach to back.
See attached (CCFN 231070)