

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Health Department**

Contact Person & Phone No: **Ali Reed x3524**

Category of Request

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

Previous Council File No.

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Project/Program Title: Preventative Health Grant

Grantor Agency: State of Wisconsin Department of Public Health

Grant Application Date: n/a

Anticipated Award Date: 10/30/18

Please provide the following information:

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

Prevention grant money will be utilized to improve public health in Milwaukee through quality improvement and evaluation. As a result of the MKE Elevate priority area of Economic Security, the MHD will implement 2 interventions to promote healthy food access for children in Milwaukee through an existing c action team. The department will also create a qualitative evaluation framework for the MHD's next community health assessment. And lastly, the MHD will conduct quality assurance to assure our record retention system complies with city, state and federal regulations. This funding also supports half the salary (0.5 FTE) of the Public Health Planner, a position which supports much of the work listed above, including but not limited to Performance Management and at the MHD.

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

Three of the key MHD goals in our 2013-2017 Strategic Plan are Partnerships, Quality and Policy.

3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):

This grant will support efforts to implement new strategies that have been developed in the last year. It will assure that we are working with our community partners to implement MKE Elevate. . This grant also supports .5FTE of a Public Health Planner.

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

Evaluation framework for 2019 Community Health Assessment, support for implementation of activities identified in the community health improvement plan, internal quality improvement implementation and funding half of the salary of one Public Health Planner in the Policy & Planning Division.

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

10/1/18 – 9/30/19

6. Provide a List of Sub grantees: none currently identified

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

See attached.