

1. Describe the proposed ordinance or resolution. File number: _____

This is the annual grant renewal for the Communicable Disease Grant under the Clinical Operations Division of the Milwaukee Health Department. This is a State of WI issued grant that runs from July 1st 2025 - June 30th 2026.

2. Identify the anticipated equity impacts, if any, of this proposal.

There are no anticipated equity impacts. This grant provides funding to the infectious disease program for supplies and equipment such as refrigerators and freezers for immunizations.

3. Identify which minority groups, if any, may be negatively or positively impacted by the proposal.

n/a



4. Describe any engagement efforts with minority communities potentially impacted by the proposal.

n/a

5. Describe how any anticipated equity impacts of the proposal will be documented or evaluated.

n/a

6. Describe strategies that will be used, if any, to mitigate any anticipated equity impacts.

n/a

Name: **Lindsey Page**

Signature: **Lindsey Page**

Digitally signed by Lindsey Page
Date: 2022.12.20 11:12:31 -06'00'

Date: **5/29/2025**