## GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health/Division of Disease Control and Prevention  Contact Person & Phone No: Paul Biedrzycki, 5788  Category of Request		
$\boxtimes$	Grant Continuation	
	Change in Previously Approved Grant	Previous Council File No. 021170  Previous Council File No.
		Trevious countries.
Projec	ct/Program Title: West Nile Virus (WNV) Grant	
Grant	or Agency: Wisconsin Department of Health and Family	Services (DHFS)
Grant	Application Date: 03/24/05	Anticipated Award Date: 05/01/05
Please	e provide the following information:	
1. De	escription of Grant Project/Program (Include Target Locati	ons and Populations):
		which includes mosquito surveillance. The grant is through the Centers for Disease Control departments and then passed on to local health departments. The target locations of these
2. Re	elationship to City-wide Strategic Goals and Departmental  The project relates to the strategic goals of the Milwa community so actions can be taken to help reduce th	ukee Health Department by using vector surveillance to identify when WNV is present in the
3. N	eed for Grant Funds and Impact on Other Departmental C	Operations (Applies only to Programs):
		kee Health Department to continue with mosquito surveillance in the City of Milwaukee. This WNV in the community. There are no negative impacts expected as a result of MHD's
4. Re	sults Measurement/Progress Report (Applies only to Prog	rams):
	Results of mosquito surveillance testing will be the ne	ecessary measurements required by DHFS to comply with this grant.
5. Gra	ant Period, Timetable and Program Phase-out Plan:	
	The grant period is April 1, 2005 through June 30,	2005. At that time, it is expected that DHFS will provide further funding to the MHD to VNV season (verbal commitment from DHFS), with similar grant funds provided by the CDC.
ä. Pro	ovide a List of Subgrantees:	
	N/A	

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