

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

**Department/Division:** Health Department

**Contact Person & Phone No:** Lindsey Page, Infectious Disease Program Manager x5789

### Category of Request

☐ New Grant

☐ Grant Continuation

**Previous Council File No.** 240073

☐ Change in Previously Approved Grant

**Previous Council File No.**

**Project/Program Title:** Communicable Disease Prevention

**Grantor Agency:** Wisconsin Department of Health Services, Division of Public Health

**Grant Application Date:** n/a

**Anticipated Award Date:** 7/1/2025

**Please provide the following information:**

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

These funds will be used for:

- Purchasing program supplies and equipment to increase capacity to respond to communicable disease events
- Trainings to increase competencies around communicable disease issues
- Marketing campaign vaccine preventable diseases

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

This program is consistent with City-wide strategic goals and department outcomes to reduce illness and injury from communicable diseases and disasters in Milwaukee.

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

Funds will help enhance capabilities around communicable disease follow-up in Milwaukee.

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

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

July 1, 2025 – June 30, 2026

#### 6. Provide a List of Subgrantees:

None

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