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

Department/Division: Contact Person & Phone No:		Fire/Bureau of Emergency Medical Services	
		Deputy Chief Gloria Muraw sky, 286-8982	
Cate	gory of Request		
	New Grant		
Х	Grant Continuation		
	Change in Previously	Approved Grant	
			Previous Council File No. 010530 Previous Council File No.
Project	t/Program Title: <u>Wiscor</u>	nsin EMS Funding Assistance Program	
Granto	or Agency: Wisconsin De	partment of Health & Family Services	
Grant A	Application Date: Septer	nber 16, 2002	Anticipated Award Date: March, 2003
Please	provide the following	nformation:	
1.	Description of Grant	Project/Program (Include Target Locatio	ns and Populations):
		for State of Wisconsin Emergency Medical See Fire Department provides EMS to the citizer	Service (EMS) providers to enhance the provision of emergency medical ns and visitors of the City of Milw aukee.
2.	Relationship to City-v	wide Strategic Goals and Departmental C	Objectives:
	_	Vilw aukee's citizens from crime, fires, and oth damage caused by fires and other catastroph	
	services to make the c	ity a safe place to live, work, and conduct bu	ons as well as the departments objective to provide excellent emergency usiness. The equipment, supplies, and training available through this grant of emergency medical services for the citizens and visitors of the City of
3.	Need for Grant Funds	s and Impact on Other Departmental Ope	rations (Applies only to Programs):
4.	Results Measureme	nt/Progress Report (Applies only to Prog	grams):
5.	Grant Period, Timeta	ble and Program Phase-out Plan:	

None

6.

July 1, 2002 through June 30, 2003

**Provide a List of Subgrantees:** 

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