

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

Department/Division: **Health Department**

Contact Person & Phone No: **Eric Gass, ex. 2903**

**Category of Request**

**New Grant**

**Grant Continuation**

**Change in Previously Approved Grant**

**Previous Council File No.**

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**Project/Program Title: Public Health 706, Introduction to Community and Behavioral Health Promotion**

**Grantor Agency: UW-Milwaukee School of Public Health**

**Grant Application Date: N/A**

**Anticipated Award Date: 9/2/2014**

**Please provide the following information:**

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

**This award will compensate the City of Milwaukee Health Department for Dr. Gass' time, as he will serve as the instructor for this graduate-level course at UWM.**

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

**This is a prime example of the Academic Health Department relationship between UWM School of Public Health and MHD.**

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

**N/A, this saves the City of Milwaukee O&M salary funds**

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

**Number of students successfully completing the course.**

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

**August 18, 2014 - January 1, 2015**

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

**N/A**

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

**See attached budget form.**