

GRANT ANALYSIS FORM

OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Health Department**

Contact Person & Phone No: Eric Gass 286-2903

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 101 Grant**

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

Grant Application Date:

Anticipated Award Date: 8-23-2010

Please provide the following information:

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

Reimburse the City of Milwaukee Health Department for Eric Gass' time to teach Public Health 101 for the Fall 2010 semester

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

This is related to our Academic Health Department relationship with the UW-Milwaukee School of Public Health

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

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

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

8-23-2010 to 1-6-2011

6. Provide a List of Subgrantees:

N/A

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