GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health Department Contact Person & Phone No: Dr. Heather Paradis ext 8172 Category of Request					
				New Grant	
				Grant Continuation	
	Change in Previously Approved Grant	Previous Council File No. 201043			
	Change in Freviously Approved Grant	Previous Council File No. 211192			
Projec	et/Program Title: HIV Prevention Services				
Granto	or Agency: State of Wisconsin Department of Health Servic	es			
Grant A	Application Date: Not Applicable	Anticipated Award Date: January 01, 2022			
Please	provide the following information:				
1. Des	scription of Grant Project/Program (Include Target Location	s and Populations):			
the M cases		partner services and focused disease intervention activities. This grant allows g services in the community as well as case finding and partner services for bjectives:			
This p	orogram supports the department strategic goals on Reducing communicable disease	ıf:			
3. Ne	ed for Grant Funds and Impact on Other Departmental Ope	rations (Applies only to Programs):			
The F	 Community outreach and partnership w Screening and testing of clients who properties Partner services to newly diagnosed or 	on of Public Health is used to support MHD program activities directed toward with organizations associated with service to high risk populations; esent at the Sexual Health Clinic; and, identified cases of HIV to provide resources and assist with notification and g contacts to mitigate spread of disease within the City.			
Fundi	ing supports 3.0 FTE DIS to carry out HIV case ma	anagement, program, lab and clinic supplies and contractual services.			
	# of contacts \ associates offered service	y of Milwaukee / Milwaukee County 7 days of report (goal is <u>></u> 85% or more)			
	# of individuals tested by MHD for HIV	· · · · · · · · · · · · · · · · · · ·			

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

The grant period is January 1, 2022 through December 31, 2022. If funding is not continued the City would need to assume funding through tax levy for these programs as it is a requirement under state statute that investigation of HIV cases be performed.

6. Provide a List of Subgrantees:

None

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

See budget form attached.