7

See attached

If Possible, complete Grant Budget Form and attach to back.

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Contact Person & Phone		City of Milwaukee Health Department (MHD), Clinical Services Branch																
		e No:Dr. Heather Paradis x8172, Melissa Babler x8621																
Categ	ory of Re	equest																
		New Grar	nt															
	\boxtimes	Grant Co	ontinuation					ı	Previous Council File No.				211191					
		Change in	in Previously Approved Grant					ı	Previous Council File No.									
Projec	t/Program	n Title:	Family	Planning (Grant (CA	RS 1593	316, 15200	3, & 159	327)									
Grantor Agency:			Wisconsin Dept. of Health Services															
Grant Application Date:		on Date:	N/A					Antic	ipated A	ward D	ate:	Janu	ary 1, 2	2023				
1.	This is r	new fundin at Keenar	ig from \ Health	Visconsin I	Departme Decifically	nt of He , these f	Locations a ealth Service funds suppo needs.	es (DHS	that sup									
2.	MHD ha offering	as long pro of service	vided sp s to clie	pecialized s nts coming	ervices to to Keena	o diagno n Health	mental Objectse and treated on Center, specifically called the cal	at sexual pecificall	related	to contra	aceptio	n and f	emale	reprodu				
3.							ntal Operat e communit					are rela	ted to	reprodu	uctive h	ealth ne	eds.	
4.							o Programs d regularly		etrics sud	ch as cli	ent volu	umes, d	liagnos	ses, and	d demo	ographic	data.	
5.				nd Prograr ry 1 throug			n: 2023. This f	funding i	s allocate	ed by Sta	atute (2	53.07)	and wi	ll be rei	newed	annually	' .	
6.	Provide None	a list of S	ubgrante	ees:														