See Attached

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: City of Milwaukee Health Department (MHD), Clinical Services Branch						
Contac	ct Person	& Phone N	lo: <u>Dr. Heather Par</u>	adis 414-286-8172 / Me	lissa Babler 414-286-8621	
Cate	gory of F	Request				
		New Gra	nt			
	☐ Grant Continuation			Previous Council File No.	211193, 220983	
		Change i	n Previously Approved (Grant	Previous Council File No.	
Projec	t/Progran	n Title:	STD Infertility Preventio	n/PCHD (GR380042300	00)	
Granto	r Agency	<i>'</i> :	Wisconsin DHS			
Grant .	Application	on Date:	N/A		Anticipated Award Date:	January 1, 2023
1.	This is a Center. treatme	an annual g These fund nt and testi	ds support a Microbiolog ng supplies are also incl	orm DHS that support th ist, two Disease Interver uded. All funds support	e MHD's Sexual and Reproductive Hention Specialists, a Medical Assistant,	ealth Program located at Keenan Health and an Office Assistant. Additional funds for ydia, gonorrhea and syphilis testing and
2.	Educati health o affordat	on, testing, outcomes. Note and resp	Milwaukee continues to boonsive testing and care	key strategy in addressine a city with high rates of these funds assure ac	ing STIs, which are a major factor in N of STIs, and there are inequities in inc	Milwaukee's population health and other cidence, prevalence, and access to tment, as well as education and engagement
3.	These g	grant funds	complement City funding	g and other State grants		exual and reproductive health services for Center clinic and the Health Department Lab
4.	The He	alth Departi incidence l	ent/Progress Report (Apment shares data on probased on demographic fners to inform and devel	gram outputs and outco actors with both the Dep	omes, including testing volume, incider partment of Health Services (as requir	nce/prevalence rates, changes in rates, and red by Statute and DHS Rule) and with the
5.			etable and Program Phas January 1 through Deco			
6.	Provide N/A	a list of Su	bgrantees:			
7	If Possi	ble, comple	te Grant Budget Form a	nd attach to back.		