GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: HEALTH DEPARTMENT		
Contact Person & Phone No: Angie Hagy, X5833		
Category of Request		
	New Grant	
\boxtimes	Grant Continuation	Previous Council File No. 100946
	Change in Previously Approved Grant	Previous Council File No.
		Trevious Goulieli File 140.
Project/Program Title: 2012 Hepatitis B Immunization Grant		
Grantor Agency: State of Wisconsin Division of Health and Family Services		
Grant	Application Date: N/A – continuing grant	Anticipated Award Date: February 2012
Please provide the following information:		
1. Description of Grant Project/Program (Include Target Locations and Populations):		
	The purpose of this program is to assure that pregnant women who test positive for hepatitis B are identified and that their infants and household Contracts receive appropriate treatment.	
2. Relationship to Citywide Strategic Goals and Departmental Objectives:		
	This program supports the Health Department's strategic objectives to reduce illness and injury from communicable disease and improve the health ownen and children.	
3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):		
	The hepatitis B immunization program requires targeted recall and follow-up activities in the Milwaukee area. Current practices in area hospitals are no uniform and follow-up is required long after a hospital stay. Community based follow-up ensures proper vaccine administration.	
4. Results Measurement/Progress Report (Applies only to Programs):		
	None	
5. Grant Period, Timetable and Program Phase-out Plan:		
	Grant period is January 1, 2012 through December 31, 2012.	
6. Pro	Provide a List of Sub grantees:	
	N/A	

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