See attached grant budget.

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Departm	nent/Divisior	n: <u>H</u>	lealth Department		
Contact	Person & P	hone N	o: Marisa Stanley 286-6270)	
Categ	ory of Requ	iest			
	X No	ew Grai	nt		
☐ Grant		rant Co	ntinuation	Previous Council File No.	
	☐ CI	hange i	n Previously Approved Grant	Previous Council File No.	
Project/f	Program Tit	le:	City of Milwaukee Health Departr	ment Healthcare-Associated Infections (HAI) Aware	ness
Grantor Agency:			CDC via NACCHO		
Grant Ap	pplication D	ate:	10/28/2013	Anticipated Award Date:	01/16/2014
1.	Description	of Gran	nt Project/Program (Include Targe	et Locations and Populations):	
	Increase awareness of Healthcare Associated Infections (HAI) in long-term care facilities, hospitals, emergency response services, laboratories, and local health departments and develop capacity to detect and control HAIs in healthcare facilities.				
,	Relationship to City-Wide Strategic Goals and Departmental Objectives: Awareness of Communicable Disease and their prevention is key in our Communicable Disease area. Our purpose is prevention of communicable disease and control of disease spread in Milwaukee. Monitor disease occurrence world-wide and plan appropriately in order to help prevent				
(breakouts on a local level. CRE is a concern in the healthcare field and by participating in the grant we have the ability to make awareness and educate medical personnel and present the concern.				
3.	Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):				
			ness will help to prevent and elim ization and communicable diseas	inate hospital acquired infections decreasing the nu se area.	ımber of preventable diseases which is a
4.	Results Measurement/Progress Report (Applies only to Programs):				
1		n on H	Al prevention. Increased awarene	d statewide, a conference for healthcare professionals about healthcare professionals about healthcare	
5. (Grant Period, Timetable and Program Phase-Out Plan:				
I	December 1	1, 2013	through June 30, 2014		
6. l	Provide a lis	st of Su	bgrantees:		
I	N/A				
7	If Possible,	comple	te Grant Budget Form and attach	to back.	