

# GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECT/PROGRAMS

Department/Division: Health

Contact Person & Phone No: Paul Biedrzycki, # 5758

## Category of Request

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No. 010836

Previous Council File No.

Project/Program Title: HIV Womens Project

Grantor Agency: Medical College of Wisconsin

Grant Application Date: N/A Continuing Grant

Anticipated Award Date: October 1, 2002

Please provide the following information:

### 1. Description of Grant Project/Program (Include Target Locations and Populations):

This program will provide public health nursing case management to a targeted population of HIV infected women and their families. In working collaboratively with medical care providers, community-based HIV resources, the Medical College of Wisconsin, and other community agencies, the program will assure continuity of care between the primary care provider and infectious disease specialists.

### 2. Relationship to City-wide Strategic Goals and Departmental Objectives:

This grant relates to the Health Department's objective #1 "To reduce and control the incidence of communicable diseases in Milwaukee" and Objective #2 "To promote the health and safety of Milwaukee women and children".

### 3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):

This funding will build on current Health Department HIV efforts by addressing a gap in service to HIV infected women. This project also builds upon an initiative of the Medical College of Wisconsin focused on HIV infected children.

### 4. Results Measurement/Progress Report (Applies only to Programs):

Anticipated outcomes include the number of infected women linked to medical care, primarily infectious disease specialists and gynecological care, and a reduction in the number of opportunistic infections as a result of this linkage.

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

August 1, 2002 through July 31, 2003

### 6. Provide a List of Subgrantees:

N/A

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