

**GRANT ANALYSIS FORM  
OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS**

Department/Division: **Health Department**

Contact Person & Phone No: **Paul Biedrzycki, MBA, MPH 5787**

**Category of Request**

- ☐ New Grant
- ☐ Grant Continuation
- ☒ Change in Previously Approved Grant

Previous Council File No.

Previous Council File No. 040128 and 040057

Project/Program Title: **Urban Area Security Initiative Program Grant**

Grantor Agency: **U.S. Department of Homeland Security**

Grant Application Date: **10/01/03**

Anticipated Award Date: **12/01/03**

Please provide the following information:

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

The City of Milwaukee Health Department is the designated lead coordinator for this specific project under the Milwaukee Urban Areas Security Initiative. The project goals include development and exercise of a written emergency response plan to respond to both animal/zoonotic disease or an agricultural terrorism occurrence that may compromise the food supply or related infrastructure in a three county area of Southeastern Wisconsin. (Milwaukee, Washington, and Waukesha Counties). This plan will then be integrated into the existing Emergency Operations Plan of each County. Other goals of the project include development of an electronic communications and surveillance network between local public health and the local veterinary and agricultural agencies and organizations. During the course of the project, the MHD will also coordinate the development of an educational outreach strategy that will focus on providing emergency response training to veterinary and animal health professionals through seminars, workshops and coursework currently available through state, federal and academic institutions.

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

The project goals are consistent with reducing illness and injury associated with communicable disease, pollution or public health emergencies.

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

N/A

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

N/A

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

The grant period is 12/01/03 through 11/030/05.

**6. Provide a List of Subgrantees:**

N/A

**7. If Possible, Complete Grant Budget Form and Attach.**