GRANT ANALYSIS FORM OPERATING & CAPITAL PROJECT/PROGRAMS

| Department/Division: Health Contact Person & Phone No: Paul Biedrzycki, #5758 | |
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| Category of Request New Grant Grant Continuation Change in Previously Approved Grant | Previous Council File No. 050154 Previous Council File No. |
| Project/Program Title: Sexually Transmitted Diseases Gran | t |
| Grantor Agency: Wisconsin Division of Health and Family | Services |
| Grant Application Date: Not applicable - Continuing | Anticipated Award Date: March 1, 2006 |
| Please provide the following information: | |
| 1. Description of Grant Project/Program (Include Target Local | ions and Populations): |
| through preventive health education services and for | ant is to reduce the incidence and complications of sexually transmitted diseases in Milwaukecused disease intervention activities. This grant allows the Milwaukee Health Department to providers in the community as well as case finding and epidemiological tracking and follow-up |
| 2. Relationship to City-wide Strategic Goals and Departments | ıl Objectives: |
| | g its objective of "reducing the illness and injury from communicable disease in Milwaukee" nt promotes the City-wide goal of improving the health of Milwaukee's citizens. |
| 3. Need for Grant Funds and Impact on Other Departmental | Operations (Applies only to Programs): |
| | lisease morbidity in Southeast Wisconsin occurs in the City of Milwaukee. The incidence o diseases include infertility, miscarriage, stillbirth and premature births. These grant funds are ent's STD Program. |
| 4. Results Measurement/Progress Report (Applies only to Pro | grams): |
| 5. Grant Period, Timetable and Program Phase-out Plan: | |

The grant period is 01-01-06 through 12-31-06. Without these grant funds these services could not be provided in the community.

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

6. Provide a List of Subgrantees:

N/A