# 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 Previous Council File No. 050832

Γ Change in Previously Approved Grant Previous Council File No.

Project/Program Title: HIV Women's Project

Grantor Agency: Medical College of Wisconsin

Grant Application Date: N/A Continuing Grant

Anticipated Award Date: October 1, 2006

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 objectives of reducing the incidence of HIV and promoting 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, 2006 through July 31, 2007

## 6. Provide a List of Subgrantees:

N/A

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