# GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

## Department/Division: Health Department/DCEH

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| Category of Request             |                           |
|---------------------------------|---------------------------|
| 🛛 New Grant                     |                           |
| Grant Continuation              | Previous Council File No. |
| Change in Previously Approved G |                           |

#### Project/Program Title: Ebola Preparedness Contract-Local Public Health: PHEP Supplement

Grantor Agency: WI Department of Health Services through CDC Cooperative Agreement

Grant Application Date: June 15, 2015

Anticipated Award Date: Received May 2015

Please provide the following information:

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

CDC is providing supplemental funding to support accelerated state and local public health preparedness planning and operational readiness for responding to Ebola. The funding is intended to support accelerated public health preparedness planning, improve and assure operational readiness for ebola, support response efforts, and assure collaboration, coordination, and partnership with our private healthcare systems.

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

This grant is consistent with departmental strategic goals of reducing illness and injury associated with communicable and chronic diseases.

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

Additional CDC preparedness funds supports the enhancement of infrastructure within the health department needed for emergency response and response to outbreaks of communicable disease.

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

Deliverables include participation in a statewide ebola virus disease exercise with mid-year and annual reporting to DHS

5. Grant Period, Timetable and Program Phase-out Plan: Grant period extends April 1, 2015 thru September 30, 2016.

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

N/A

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

ATTACHED