

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Health Department**

Contact Person & Phone No: Ali Reed x3524

### Category of Request

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

Previous Council File No. 140716

Previous Council File No.

Project/Program Title: Preventive Health Grant

Grantor Agency: State of Wisconsin- Department of Public Health and Human Services

Grant Application Date:

Anticipated Award Date: October 1, 2015

Please provide the following information:

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

This grant supports the MHD in preparation for national Public Health Accreditation. The prerequisites of the accreditation process include a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP). With the completion and publication of the MHD CHA late in 2015 the MHD will share the results with the community and governing entity. Following this will be the creation of a community health improvement plan that includes the collaboration of several agencies throughout the city. MHD will play the lead role in facilitation of an advisory committee and workgroups to create and implement the plan.

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

The MHD Strategic Plan identifies partnerships and community collaboration as a key goal, along with our quest to become accredited.

#### 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):

The result of this will be a published CHA and CHIP

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

October 1, 2015 – September 30, 2016

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

N/A

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

Attached