

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health Department/Division of Disease Control & Environmental Health

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Category of Request	
<input type="checkbox"/> New Grant	
<input type="checkbox"/> Grant Continuation	Previous Council File No.
<input type="checkbox"/> Change in Previously Approved Grant	Previous Council File No.

Project/Program Title: Communicable Disease Prevention

Grantor Agency: Wisconsin Department of Health Services, Division of Public Health

Grant Application Date: n/a

Anticipated Award Date: 2/28/18

Please provide the following information:

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

These funds will be used for:

- Purchasing program supplies and equipment to increase capacity to respond to communicable disease events
- Trainings to increase competencies around communicable disease issues
- Enhancing capabilities around STI strategic planning

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

This program is consistent with City-wide strategic goals and department outcomes to reduce illness and injury from communicable diseases and disasters in Milwaukee.

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

These monies will help enhance capabilities around communicable disease follow-up in Milwaukee.

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

Five MHD staff will complete at least one training by June 30, 2018.

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

January 1, 2018 – June 30, 2018

6. Provide a List of Subgrantees:

None

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

See attached.