

GRANT ANALYSIS FORM

OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: HEALTH DEPARTMENT

Contact Person & Phone No: Irmine Reitzl, X8555

Category of Request

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

Previous Council File No. 081096

Previous Council File No.

Project/Program Title: 2010 Hepatitis B Immunization Grant

Grantor Agency: State of Wisconsin Division of Health and Family Services

Grant Application Date: N/A – continuing grant

Anticipated Award Date: February 2010

Please provide the following information:

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

The purpose of this program is to assure that pregnant women who test positive for hepatitis B are identified and that their infants and household contacts receive appropriate treatment.

2. Relationship to Citywide Strategic Goals and Departmental Objectives:

This program supports the Health Department's strategic objectives to reduce illness and injury from communicable disease and improve the health of women and children.

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

The hepatitis B immunization program requires targeted recall and follow-up activities in the Milwaukee area. Current practices in area hospitals are not uniform and follow-up is required long after a hospital stay. Community based follow-up ensures proper vaccine administration.

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

None

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

Grant period is January 1, 2010 through December 31, 2010.

6. Provide a List of Sub grantees:

N/A

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