

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

**Department/Division:** Health Department

**Contact Person & Phone No:** Mark Yatchak, (414) 286-3997

**Category of Request**

- New Grant**
- Grant Continuation**
- Change in Previously Approved Grant**

**Previous Council File No.** 190970

**Previous Council File No.**

**Project/Program Title:** Preventative Health Grant

**Grantor Agency:** WI Department of Health Services

**Grant Application Date:** NA

**Anticipated Award Date:** 10/1/2020

**Please provide the following information:**

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

The federal Preventive Health and Health Services (PHHS) Block Grant provides funding to address health problems, prevent diseases and promote health in Wisconsin. In 2016, Wisconsin received approximately \$3 million through this grant to fund health programs statewide. The City of Milwaukee Health Department is allocated around \$60,000 each year. In 2019-2020, the MHD will use these funds to meet the following objectives:

1. By September 30, 2020, the City of Milwaukee Health Department will implement activities outlined in the department's workforce development plan.
2. By September 30, 2020, the City of Milwaukee Health Department will be better positioned to apply for PHAB accreditation. By September 30, 2020, The City of Milwaukee Health Department will provide a written report of progress made on the workforce development plan implementation.

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

These funds align with the department's strategic plan priority of investing in the public health workforce, the department's workforce development plan, and Community Health Improvement Plan (MKE Elevate).

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

These grant funds are essential for the department to meet the Public Health Accreditation Board's Standards and Measures.

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

The City of Milwaukee Health Department reports on grant outcomes at the end of the grant period.

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

10/1/2020-9/30/2021. This grant is awarded to the City of Milwaukee Health Department through an annual consolidated contract.

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

None.

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

See attachment.