GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Contact Person & Phone No: Bailey Murph, 414-286-5060 Category of Request		
	Grant Continuation	Previous Council File No.
	Change in Previously Approved Grant	Previous Council File No.
Project/Program Title: Cooperative Agreement for Emergency Response: Public Health Crisis Response		
Grantor Agency: WI Department of Health Services (DHS)		
Grant A	application Date: NA A	nticipated Award Date: July 1, 2021
Please provide the following information:		
1. Description of Grant Project/Program (Include Target Locations and Populations): Over the next 18 months, Milwaukee Health Department staff will have the opportunity to engage in multiple training/workshop/retreat options focused on management leadership, implicit bias, diversity and inclusion, and trauma recovery. These trainings will help stabilize our expanded public health workforce to ensure continuity in responding to the COVID-19 pandemic and beyond.		
Milwaukee Health Department permanent and auxiliary staff are the target populations of this grant.		
In addition the grant will cover a learning management system, workforce analysis, and a clinic gap analysis, which help the department revitalize our clinical services		
2. Relationship to City-wide Strategic Goals and Departmental Objectives: These funds align with the department's strategic priority of developing a competent and prepared public health workforce that is ready to respond in emergency situations.		
3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs): These grant funds are to conduct activities necessary to expand, train, and sustain a culturally competent and response-ready public health workforce at state and local health departments.		
4. Results Measurement/Progress Report (Applies only to Programs): The City of Milwaukee Health Department reports on grant outcomes quarterly and at the end of the grant period.		
5. Grant Period, Timetable and Program Phase-out Plan: July 1, 2021 – June 30, 2023		
6. Provide a List of Subgrantees: None		

7. If Possible, Complete Grant Budget Form and Attach. See attachment.