GRANT ANALYSIS FORM
OPERATING & CAPITAL PROJECT/PROGRAMS

Department/Division: Health

Contact Person & Phone No: Paul Biedrzycki, #5758

Category of Request

☐ New Grant

☒ Grant Continuation — Previous Council File No. 030029

☐ Change in Previously Approved Grant — Previous Council File No.

Project/Program Title: Sexually Transmitted Diseases Grant

Grantor Agency: Wisconsin Division of Health and Family Services

Grant Application Date: Not applicable - Continuing

Anticipated Award Date: June 1, 2004

Please provide the following information:

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

   The purpose of the Sexually Transmitted Diseases Grant is to reduce the incidence and complications of sexually transmitted diseases in Milwaukee through preventive health education services and focused disease intervention activities. This grant allows the Milwaukee Health Department to provide gonorrhea culture test services to health care providers in the community.

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

   This grant assists the Health Department in achieving its objective of "reducing the illness and injury from communicable disease in Milwaukee". By aiming to reduce the incidence of STD's, the grant promotes the City-wide goal of improving the health of Milwaukee's citizens.

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

   More than 60% of all reported venereal disease morbidity in Southeast Wisconsin occurs in the City of Milwaukee. The incidence of STD's remains high, and the consequences of these diseases include infertility, miscarriage, stillbirth and premature births. These grant funds are essential to the effectiveness of the Health Department's STD Program.

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

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

   The grant period is 01-01-04 through 12-31-04. Without these grant funds these services could not be provided in the community.

6. Provide a List of Subgrantees:

   N/A

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