

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Health Department**

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Category of Request

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

Previous Council File No.

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Project/Program Title: Connecting Kids to Coverage Outreach and Enrollment Grant - CHAP

Grantor Agency: Centers for Medicare and Medicaid Services

Grant Application Date: 02/21/13

Anticipated Award Date: 06/01/13

Please provide the following information:

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

The goal of this project is to increase the number of qualified children enrolled in Medicaid or CHIP health insurance plans, by providing enrollment outreach at community-based locations where parents may already be accessing other services such as FoodShare, WIC, food pantries, and places of worship.

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

This funding will allow MHD to increase its outreach and direct service in assuring health care access to the citizens of Milwaukee. Access to healthcare can impact many of the health indicators (infant mortality, teen pregnancy, etc.) that MHD has prioritized.

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

This new funding will allow for the CHAP program to expand his medical assistance outreach services.

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

To be determined by grantor agency

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

June 1, 2013 – May 31, 2015

6. Provide a List of Subgrantees:

N/A

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