

**GRANT ANALYSIS FORM  
OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS**

Department/Division: Health

Contact Person & Phone No: Paula Roberts, 643-8526

**Category of Request**

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No. 000444

Previous Council File No.

Project/Program Title: School-Based Medical Assistance Outreach Grant

Grantor Agency: State of Wisconsin Division of Health and Family Services through Community Advocates

Grant Application Date: N/A Continuing

Anticipated Award Date: April 15, 2001

Please provide the following information:

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

The purpose of this grant is to increase the enrollment of eligible families in Medicaid and BadgerCare in Milwaukee.

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

The project funded by this grant relates to City wide strategic goals of improving the overall health of children. Funding under this grant will provide the department with additional resources to accomplish stated City and Departmental goals.

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

The grant funds will be used to support a Health Access Assistant II working with Milwaukee Public School personnel to coordinate outreach directed at increasing the number of families of MPS students on Medicaid, BaderCare and other benefits. This effort directly complements existing department efforts.

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

Increase the enrollment of eligible MPS families in MA and BadgerCare in Milwaukee by approximately 1,500 families (approximately 2,000 individuals).

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

The grant period is April 1, 2001 through June 30, 2002.

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

N/A

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