

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

Department/Division: **Health Department**

Contact Person & Phone No: Jill Paradowski

Category of Request

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No.

Previous Council File No.

Project/Program Title: Milwaukee Nurse-Family Partnership Program

Grantor Agency: University of Wisconsin-School of Medicine and Public Health

Grant Application Date: November 2006

Anticipated Award Date: 03/01/2007

Please provide the following information:

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

The Milwaukee Nurse Family Partnership program is an intensive home visit program which uses public health nurses as the provider of care to first time pregnant women and their children who reside in zip codes 53210 and 53218. This grant will partner with established funding already available for Zip codes 53204 and 53212. The outcomes of this program in other cities who have used this research based model to deliver service are; improves health, well being and self sufficiency of at risk low income first time parents and their children. Please see attached executive summary for additional information.

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

This program meets the strategic goals of addressing disparity in birth outcomes and also the reduction of infant mortality

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

This grant fully covers 1.75 public health nurses

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

Annual reports will be generated on select criteria as outlined in the grant.

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

Grant to begin on March 1, 2007 and will continue until 2/28/2010. Three year grant.

6. Provide a List of Subgrantees:

N/A

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