

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

Department/Division: **Health Department**

Contact Person & Phone No **Tiffany Barta** 286-6404

**Category of Request**

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

**Previous Council File No.**

**Previous Council File No.** 160374

**Project/Program Title:** 2016 Lead Hazard Reduction Demonstration Grant

**Grantor Agency:** U.S. Housing and Urban Development (HUD)

**Grant Application Date:** 4/27/2016

**Anticipated Award Date:** 9/2016

**Please provide the following information:**

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

Lead abatement of 200 residential housing within the 9 zip codes in the City of Milwaukee (53204, 53205, 53206, 53208, 53209, 53210, 53212, 53215 and 53216) that have the highest rate of childhood lead poisoning.

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

Continued collaboration with DCD, DNS and HACM to improve the number of safe and habitable housing units in Milwaukee.

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

Although significant progress has been made in the fight against childhood lead poisoning in the City of Milwaukee, Milwaukee's 2014 prevalence rate using CDC threshold of concern of  $\geq 5$  for children under the age of 6 is 10%, which is more than double Wisconsin's prevalence rate of 4.5% and of the US overall rate of 4.3% for 2013.

This grant will support 4.75 FTE; two lead risk inspectors, one manager, one chemist, .25 of the Program Manager, and .80 Lead Project Specialist

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

200 housing units are to receive lead abatement within the 36 month grant.

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

36 months from award with 90 day grant closeout period.

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

HACM will provide a Healthy Homes Inspector.

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