

GRANT ANALYSIS FORM

OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health

Contact Person & Phone No: Paula Roberts, #8585

Category of Request

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No.

Previous Council File No.

Project/Program Title: Making Connections Grant

Grantor Agency: Making Connections – Milwaukee (Annie E. Casey Foundation)

Grant Application Date: April, 2005

Anticipated Award Date: July, 2005

Please provide the following information:

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

The purpose of this grant is to assist low-to-moderate income families with obtaining medical insurance and food stamps, and to measure the impact of Milwaukee Health Department's program at three Volunteer Income Tax Assistance (VITA) sites.

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

This program relates to the City-wide strategic goal of improving the overall health of children. Funding under this grant will provide the Health Department with additional resources to accomplish stated City and Department goals.

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

These grant funds will be used to have Medical Assistance Outreach Staff located at before-mentioned sites.

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

By December 2005, the number of individuals assisted in enrolling in health, food share and other entitlement programs and also Milwaukee Health Department services such as immunizations will be measured.

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

The grant period is January 1, 2005 through December 31, 2005.

6. Provide a List of Subgrantees:

N/A

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