GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health Department	
Contact Person & Phone No: Sara Mishefske, X5537	
Category of Request New Grant	
☐ Grant Continuation ☐ Change in Previously Approved Grant	Previous Council File No. Previous Council File No.
Project/Program Title: MA OutroochForwardHoolth Cront	
Project/Program Title: MA OutreachForwardHealth Grant	
Grantor Agency: State of Wisconsin Dept of Health Services	Australia August Dates July 4, 2000
Grant Application Date: April 15, 2009 Please provide the following information:	Anticipated Award Date: July 1, 2009
and increase program staffing to improve access to and utilization of prin	Department (MHD) Medical Assistance Outreach Program (MA Outreach) success mary and preventive health care for low income individuals eligible for expander ing efforts in community outreach to high-risk populations and to reach childles
2. Relationship to City-wide Strategic Goals and Departmental Objectives MA Outreach helps Milwaukee's uninsured, low-income populations get en so they can attend regular, preventive doctor visits, have more consistent	nrolled in BadgerCare Plus and Core, which allows clients to access health insuranc
opportunity to effectively reduce the number of uninsured in Milwaukee, in	ipated to cause a significant increase in eligible recipients, and presents a rar ncluding children, women and especially uninsured men. However, enrollment in nd application assistance. Assuring clients have healthcare coverage will decreas
4. Results Measurement/Progress Report (Applies only to Programs): A database is maintained to provide monthly, quarterly and annual reports	s of: residents reached, individuals served and clients signed up.
5. Grant Period, Timetable and Program Phase-out Plan: July 1, 2009 – June 30, 2010.	

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

6. Provide a List of Subgrantees:

N/A