

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

Department/Division: Health/Public Health Services

Contact Person & Phone No: Mildred Leigh-Gold, #2151

**Category of Request**

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No.

Previous Council File No. 001295

**Project/Program Title:** Milwaukee Breast Cancer Awareness Program (MBCAP)- Well Women Health Initiative

**Grantor Agency:** State of Wisconsin Division of Health and Family Services

**Grant Application Date:** N/A Continuing

**Anticipated Award Date:** March 1, 2001

**Please provide the following information:**

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

These grant funds will be used to expand the scope of the Wisconsin Women's Cancer Control Program beyond its current focus of breast and cervical cancer screening to include health promotion and risk reduction for cardiovascular disease, osteoporosis, diabetes, mental illness and domestic violence. This Well Women Health Screening Program will provide screening, diagnostic services, and case management to low income women including referral to existing primary care providers.

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

This grant would enable MBCAP and other programs within the Adult Health and Chronic Disease division to work as a collaborative effort with existing community providers. Additional partnerships with existing community providers will be enhanced and established to assure access to health promotion/risk reduction services.

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

These grant funds are needed to strengthen, enhance and expand our current program and services provided. These services are to include breast and cervical cancer screening, cardiovascular disease screening and diabetic screening.

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

Results will be measured through our client data collection system and the required state reporting mechanism that is specific to this grant.

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

The grant period is 01/01/01 through 12/31/01.

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

N/A

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