

GRANT ANALYSIS FORM

OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health

Contact Person & Phone No: Anna Benton, X3064

Category of Request

New Grant

Grant Continuation

Previous Council File No. 051579

Change in Previously Approved Grant

Previous Council File No.

Project/Program Title: Medical Assistance Outreach Grant

Volunteer Income Tax Assistance (VITA) Super Sites

Grantor Agency: Greater Milwaukee Foundation through the Social Development Commission

Grant Application Date: N/A Continuing

Anticipated Award Date: February, 2007

Please provide the following information:

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

The purpose of the grant is to assist low-income families in obtaining medical insurance and food stamps and to measure the impact of the Milwaukee Health Department's programs at three area Volunteer Income Tax Assistance Super Sites. These sites include:

4041 N. Richards St., Milwaukee, 53212

931 W. Madison Ave., Milwaukee, 53204

6850 N. Teutonia Ave., Milwaukee, 53209

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

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

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

The grant funds will be used to have Medical Assistance Outreach staff located at the before-mentioned sites.

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

By April 15, 2007 the number of individuals assisted in enrolling health, food share and other entitlement programs and other Health Department services such as lead screening and immunizations will be measured.

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

The grant period is January 16, 2007 through April 30, 2007.

6. Provide a List of Subgrantees:

N/A

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