GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

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Department/Division: Health			
Contact Person & Phone No: Paula Roberts, #288-8585			
Category of Request			
☐ New Grant		•	
☐ Grant Continuation			
	Previous Council File No. 0	01782	
Change in Previously Approved Grant	Previous Council File No.		
Project/Program Title: Covering Kids Grant			
Grantor Agency: Robert Wood Johnson Foundation through Community A	dvocates		
Grant Application Date: March 1, 2003		Anticipated A	ward Date: July 1, 2003
Please provide the following information:			
1. Description of Grant Project/Program (Include Target Locations and Popular)	ulations):		
The purpose of the grant is to assist low-income families in obtain strategies to reach out to families of school children.	ning medical insurance and food	stamps and other entitle	ements and to develop
2. Relationship to City-wide Strategic Goals and Departmental Objectives:			
This program relates to the City-wide strategic goals of improving provide the department with additional resources to accomplish st	the overall health of children an rated City and departmental goal	d their families. Fundin s.	g under this grant wil
3. Need for Grant Funds and Impact on Other Departmental Operations (A	pplies only to Programs):		
The grant funds will expand the capacity of services provided an Medicare and reduce the number of emergency visits to hospitals.		; increase the number (of families covered by
4. Results Measurement/Progress Report (Applies only to Programs):			
By January 31, 2004 the number of individuals assisted in enroll services such as lead screening and immunizations will be measur		stamp programs and oth	er Health Department
5. Grant Period, Timetable and Program Phase-out Plan:			
The grant period is February 1, 2003 – January 31, 2004.			
The grant period is rebidaly 1, 2003 - January 31, 2004.			•
6. Provide a List of Subgrantees:			

N/A

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