

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECT/SPROGRAMS

Department/Division: Health

Contact Person & Phone No: Amy Murphy, #8028

Category of Request

New Grant

Grant Continuation

Previous Council File No.

Change in Previously Approved Grant

Previous Council File No.

Project/Program Title: Lead Poisoning Prevention –Milwaukee Foundation

Grantor Agency: Milwaukee Foundation

Grant Application Date: 01/01/06

Anticipated Award Date: March 1, 2006

Please provide the following information:

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

The Milwaukee Health Department (MHD) Childhood Lead Poisoning Prevention Program (CLPPP) has retained fundraising counsel to assist in securing the resources needed to eradicate childhood lead poisoning by calendar year 2010. The MHD CLPPP has established a designated pass through fund for donations received by businesses and philanthropic organizations.

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

Eradication of childhood lead poisoning by 2010 is a strategic objective of the MHD CLPPP.

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

Adequate resources do not exist to eradicate lead poisoning by calendar year 2010. In response to this funding gap, the MHD CLPPP has retained fundraising counsel to leverage private sector resources.

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

- a. The number of proposals submitted
- b. The number of proposals funded
- c. The total amount of funds donated.
- d.

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

The grant year is January 1, 2006 through December 31, 2006 with ongoing funding dependant on number of contributions received. The goal of the project is to raise \$7 million dollars.

6. Provide a List of Subgrantees:

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