

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

Department/Division: Health/Health Access and Adult Health Services

Contact Person & Phone No: Patricia Fauteck, #8104

Category of Request

- New Grant
- Grant Continuation
- Change in Previously Approved Grant

Previous Council File No.

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Project/Program Title: Tobacco FACTS Grant (Family and Community Town Suppers)

Grantor Agency: State of Wisconsin

Grant Application Date: N/A

Anticipated Award Date: March 1, 2003

Please provide the following information:

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

The Family and Community Town Suppers (FACTS) is a mini-grant to local community tobacco coalitions. The tobacco coalition must agree to hold a FACT event sometime in 2003 and use the WI Clearinghouse for prevention standard demographic and evaluation forms. Agencies that have already received a FACTS mini-grant award would not be eligible.

2. Relationship to Citywide Strategic Goals and Departmental Objectives:

It is within the scope of MHD's mission to assure that services are available to enhance the health of individuals and families, promote healthy neighborhoods, and safeguard the health of the Milwaukee community. Therefore, there is a direct relationship between the purpose of this mini-grant and MHD's commitment to provide assessment, monitoring, and assurance that community prevention services are being promoted and implemented through partnerships and collaborations for our city. This is directly linked to that purpose.

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

N/A

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

N/A

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

January 1, 2003 through December 31, 2003. One Time Funding.

6. Provide a List of Subgrantees:

N/A

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