

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

Department/Division: Health

Contact Person & Phone No: MaryJoyce Hotelling, #3064

Category of Request	
<input type="checkbox"/> New Grant	
<input checked="" type="checkbox"/> Grant Continuation	Previous Council File No. 001084
<input type="checkbox"/> Change in Previously Approved Grant	Previous Council File No.

Project/Program Title: Temporary Assistance to Needy Families Grant (TANF)

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

Grant Application Date: N/A Continuing

Anticipated Award Date: May 1, 2001

Please provide the following information:

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

The goal of the project is to establish and maintain a relationship with day care providers/WIC agencies to assure adequate immunization coverage among children 19-35 months. Also, the program will develop and conduct tracking and recall activities via telephone and mailings to all children, 19-35 months old who were provided immunizations in 2000 and 2001

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

This project is directly related to the objective to decrease infant morbidity and mortality, and increase the number of healthy preschoolers readiness for school.

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

Current immunization coverage rates for children 19-35 months of age is 78% for the City of Milwaukee. The goal for the year 2001 is that 90% of children in this age group would have completed their primary immunization series.

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

By 12/31/01 to increase and maintain immunization coverage of 20 day care facilities and/or WIC agencies that serve targeted families by 5%.

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

The grant period is Jan. 1, 2001 through December 31, 2001.

6. Provide a List of Subgrantees:

N/A

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