

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

Department/Division: **Health Department**

Contact Person & Phone No: **Mary Jo Gerlach, X8104**

**Category of Request**

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

**Previous Council File No.** 061237

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**Project/Program Title:** Milwaukee Nurse-Family Partnership Program

**Grantor Agency:** University of Wisconsin-School of Medicine and Public Health

**Grant Application Date:** November 2006

**Anticipated Award Date:** 05/01/2008

**Please provide the following information:**

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

The Milwaukee Nurse Family Partnership program is an intensive home visit program which uses public health nurses as the provider of care to first time pregnant women and their children who reside in zip codes 53210 and 53218. This grant will partner with established funding already available for Zip codes 53204 and 53212. The outcomes of this program in other cities who have used this research based model to deliver service are; improves health, well being and self sufficiency of at risk low income first time parents and their children. Please see attached executive summary for additional information.

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

This program meets the strategic goals of addressing disparity in birth outcomes and also the reduction of infant mortality

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

This grant fully covers 1.75 public health nurses

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

Annual reports will be generated on select criteria as outlined in the grant.

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

The 2<sup>nd</sup> year of the grant will run from May 1, 2008 through March 26, 2009.

The three year grant cycle is March 1, 2007 and 4/30/2010.

**6. Provide a List of Subgrantees:**

N/A

**7. If Possible, Complete Grant Budget Form and Attach.**