GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health Department	
Contact Person & Phone No: Sara Mishefske, X5537	
Category of Request	
☑ New Grant ☐ Grant Continuation	Previous Council File No.
☐ Change in Previously Approved Grant	Previous Council File No.
Project/Program Title: MA Outreach DHS Grant	
Grantor Agency: State of Wisconsin Dept of Health Services	
Grant Application Date: April 15, 2009	Anticipated Award Date: July 1, 2009
Please provide the following information:	
1. Description of Grant Project/Program (Include Target Locations and Populations): The purpose of this funding is to build upon The City of Milwaukee Health Department (MHD) Medical Assistance Outreach Program (MA Outreach) success and increase program staffing to improve access to and utilization of primary and preventive health care for low income individuals eligible for expanded BadgerCare Plus program services. This goal will be achieved by intensifying efforts in community outreach to high-risk populations and to reach childles adults by partnering with new community-based organizations and consumers.	
2. Relationship to City-wide Strategic Goals and Departmental Objectives MA Outreach helps Milwaukee's uninsured, low-income populations get en so they can attend regular, preventive doctor visits, have more consistent	rolled in BadgerCare Plus and Core, which allows clients to access health insuranc
opportunity to effectively reduce the number of uninsured in Milwaukee, in	pated to cause a significant increase in eligible recipients, and presents a rar icluding children, women and especially uninsured men. However, enrollment in d application assistance. Assuring clients have healthcare coverage will decreas
4. Results Measurement/Progress Report (Applies only to Programs): A database is maintained to provide monthly, quarterly and annual reports	of: residents reached, individuals served and clients signed up.
5. Grant Period, Timetable and Program Phase-out Plan: July 1, 2009 – December 31, 2009.	

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

6. Provide a List of Subgrantees:

N/A