GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

| Depart | tment/Division: Health | |
|--|--|---|
| Contac | ct Person & Phone No: Jill Paradowski, #8845 | |
| Cate | gary of Request | |
| \boxtimes | New Grant | |
| | Grant Continuation | Previous Council File No. |
| | Change in Previously Approved Grant | Previous Council File No. |
| | | |
| Duning | t/Program Title: One Stop Shop Teaching Grant | |
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| | or Agency: March of Dimes | Anticipated Award Date: March, 2004 |
| | Application Date: February, 2004 | Anticipated Award Date. March, 2004 |
| | provide the following information: | |
| 1. De | scription of Grant Project/Program (Include Target Location | |
| | This is a grant to purchase teaching materials to be used classes held within the clinics on a weekly basis. | f in three Milwaukee Health Department WIC Clinics. The materials will be used for prenatal |
| | | |
| 2. Re | lationship to City-wide Strategic Goals and Departmental C | Dijectives: |
| | The grant works in concert with the objective to reduc | e infant mortality within Milwaukee by providing education to high-risk pregnant women. |
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| 3. N | eed for Grant Funds and Impact on Other Departmental Op | erations (Applies only to Programs): |
| | Without this grant, the purchase of these special educa | ation materials would not be possible. |
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| 4. Re | sults Measurement/Progress Report (Applies only to Programs): | |
| | Evaluation of teaching content is done at each session. | |
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| 5. Grant Period, Timetable and Program Phase-out Plan: | | |
| | The grant period is January 1, 2004 through Decembe | r 31, 2004. |
| | | |
| 6. Pro | ovide a List of Subgrantees: | |
| | N/A | |
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| wag Jan | | |
| /. It i | Possible, Complete Grant Budget Form and Attach to Back | |