

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS

Department/Division: Health Department

Contact Person & Phone No: Lisa Phillips, X8891

Category of Request

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

Previous Council File No. 081093

Previous Council File No.

Project Title: Wisconsin Well Women's Program (WWWP) – Breast and Cervical Cancer Control Coordination Grant

Grantor Agency: Wisconsin Department of Health Services

Grant Application Date: N/A-Continuation

Anticipated Award Date: January 1, 2010

Please provide the following information:

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

As the coordinating agency for the **Wisconsin Well Woman's Program (WWWP)** these funds will be used in the management and support of WWWP providers in the City of Milwaukee. These funds will be used in part to provide the screening services and to case manage high-risk clients that are screened in the program.

2. Relationship to Citywide Strategic Goals and Departmental Objectives:

This program relates to the City-wide goal to enhance the health and well-being of Milwaukee residents by improving access to preventive health care; promote healthy behaviors; assure safe and healthy homes, businesses and neighborhoods; reduce racial and ethnic health disparities; and improve the quality of healthcare information and coordination of services.

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

This grant funds positions and services needed to sufficiently administer the Milwaukee Breast and Cervical Cancer Program. Community-wide, these grants work to improve the health of Milwaukee's citizens.

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

Outcome measurements are included as an addendum to the contract issued by the State.

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

The grant period for the Consolidated Contract is January 1, 2010 through December 31, 2010.

If funding was not received, the positions paid by this contract would be eliminated and the ability of the Health Department to provide these services would be greatly diminished.

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

See attachments.