

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health

Contact Person & Phone No: Anna Benton, X3064

### Category of Request

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No.

Previous Council File No.

**Project/Program Title:** Medical Assistance Outreach Grant  
Volunteer Income Tax Assistance (VITA) Super Sites

**Grantor Agency:** Greater Milwaukee Foundation through the Social Development Commission

**Grant Application Date:** N/A Continuing

**Anticipated Award Date:** January, 2008

**Please provide the following information:**

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

The purpose of the grant is to assist low-income families in obtaining medical insurance and food stamps and to measure the impact of the Milwaukee Health Department's programs at three area Volunteer Income Tax Assistance Super Sites. These sites include:

4041 N. Richards St., Milwaukee, 53212  
1639 So. 23<sup>rd</sup> St., Milwaukee, 53204  
6850 N. Teutonia Ave., Milwaukee, 53209

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

This program relates to the City-wide strategic goals of improving the overall health of children and their families. Funding under this grant will provide the department with additional resources to accomplish stated City and departmental goals.

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

The grant funds will be used to have Medical Assistance Outreach staff located at the before-mentioned sites.

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

By April 15, 2008 the number of individuals assisted in enrolling health, food share and other entitlement programs and other Health Department services such as lead screening and immunizations will be measured.

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

The grant period is January 21, 2008 through April 30, 2008.

#### 6. Provide a List of Sub grantees:

N/A

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