GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division:	Health/Maternal and Child Health	
Contact Person & Phone No: Terri Birt, #6632		
Category of Request		
☐ New Grant		
		Previous Council File No. 050372, 050960, 060859
☐ Change in Prev	riously Approved Grant	Previous Council File No.
Project/Program Title:	Milwaukee Comprehensive Home Visi	ting Grant
Grantor Agency: Wisco	onsin Department of Health and Family	Services
Grant Application Date:	not applicable - continuing	Anticipated Award Date: January, 2008
Please provide the follo	wing information:	
1. Description of Grant	Project/Program (Include Target Local	tions and Populations):
enhancing fami identified and s delivered by a r service provisio	ily functions; 3- preventing child abuse and served over a 5 ½ year period in coopera multi-faceted case management team con	siting Grant is to serve families in need of services related to: 1- improving pregnancy outcomes; 2 d neglect; and 4- assuring child readiness for school. Families in six zip code target areas will be tion with multiple agencies and community based organizations in Milwaukee. Services will be apprised of a social worker, community health worker and public health nurse. In addition to direct the provide leadership for community collaboration and a centralized intake/referral system to
2. Relationship to City-	wide Strategic Goals and Departmenta	Il Objectives:
Infant mortality	reduction and assuring child health readi	iness for school is a major goal of the MHD.
3. Need for Grant Fund	ds and Impact on Other Departmental C	Operations (Applies only to Programs):
Adequate resou	urces currently do not exist in Milwaukee to	intensively reduce the health disparities related to infant mortality and other child health indicators
4. Results Measuremer	nt/Progress Report (Applies only to Pro	ograms):
- Changes - Reduction	in the Infant Mortality Rate n in the cases of Child Abuse and Neglect	
5. Grant Period, Timeta	ble and Program Phase-out Plan:	
January 1, 200	8 through December 31, 2008	

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

6. Provide a List of Sub grantees:

N/A