

# GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

**Department/Division:** Family and Community Health Division, Health Department

**Contact Person & Phone No:** Danyel W. McNeil, #286-8585

**Category of Request**

**New Grant**

**Grant Continuation**

**Change in Previously Approved Grant**

**Previous Council File No.**

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**Project/Program Title:** Medical Assistance Outreach-BadgerCare Plus Grant

**Grantor Agency:** Community Advocates

**Grant Application Date:** January 1, 2008

**Anticipated Award Date:** May 1, 2008

**Please provide the following information:**

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

The purpose of the grant is to provide BadgerCare Plus application assistance to city of Milwaukee residents, to assist low-income families in obtaining medical insurance and food stamps and other entitlements and to develop strategies to reach out to families of school children.

**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 expand the capacity of services provided and the number of people served; increase the number of families covered by BadgerCare Plus and reduce the number of emergency visits to hospitals.

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

By October 31, 2008 the number of individuals assisted in enrolling in health benefits for the purposes of this grant period and reimbursement will be limited to 400 applications at \$50 per application.

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

The grant period is May 1, 2008 – October 31, 2008.

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

N/A

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