

**GRANT ANALYSIS FORM
OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS**

Department/Division: Health

Contact Person & Phone No: Jill Paradowski, #8840

Category of Request

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

Previous Council File No. 000449

Previous Council File No.

Project/Program Title: Congenital Disorders Grant

Grantor Agency: Wisconsin Department of Health and Family Services

Grant Application Date: Continuing grant, N/A

Anticipated Award Date: July 1, 2001

Please provide the following information:

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

The purpose of this program is to screen every infant born in Wisconsin for 21 rare disorders including hypothyroidism, PKU and hemoglobinopathies (which includes sickle cell disease).

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

This program helps to improve the health of children, reduce infant mortality and insure that all children entering school are physically, mentally and emotionally capable of satisfactory educational achievement. All of these are departmental objectives and assist in attaining the City-wide objective of making Milwaukee a City of healthy citizens with educational opportunities.

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

Ninety percent of the identified cases of sickling disease live in the Milwaukee area. Because of the residency of most of the infants, the state-funded position was located in Milwaukee. While infants are often covered by insurance, accessing and obtaining proper medical care is often difficult for families. The major purpose of the position is to assist families in accessing medical care for follow-up tests, and needed follow-up through their medical home or specialized care.

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

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

The grant period is July 1, 2001 through June 30, 2002. Without this funding the program could not continue at its current operational level.

6. Provide a List of Subgrantees:

None

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