

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

Department/Division: Health

Contact Person & Phone No: Paula Roberts, #8585

Category of Request

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No. 021618

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: January 1, 2004

Anticipated Award Date: June 15, 2004

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 program's at three area Volunteer Income Tax Assistance Super Sites. These sites include SDC North (Richards and Capital Drive), UMOS South (9th and Mitchell) and a roaming site that will be stationed at various locations citywide.

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 December 31, 2004 the number of individuals assisted in enrolling health benefits and food stamp 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 1, 2004 through December 31, 2004.

6. Provide a List of Subgrantees:

N/A

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