

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

Department/Division: Health

Contact Person & Phone No: Patricia Fauteck, #8104

Category of Request

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No.

Previous Council File No.

Project/Program Title: Tobacco Control Community Coalitions Grant

Grantor Agency: State of Wisconsin Division of Health and Family Services

Grant Application Date: December 1, 2000

Anticipated Award Date: February 1, 2000

Please provide the following information:

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

This Grant will establish a broad-based community tobacco coalition to develop a strategic community plan in order to pursue the elimination of tobacco use by partnering with community agencies to:

- ◆ Prevent tobacco use among youth
- ◆ Promote cessation
- ◆ Eliminate second-hand smoke

This goal will be achieved through comprehensive state and local efforts that utilize the best practices and address the needs of diverse populations most adversely impacted by tobacco use.

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

There is a direct relationship between this project and the Health Department's commitment to focus on assessment, monitoring, and assurance that community prevention services are being addressed via the promotion partnerships/collaborations that involve the reduction of illness, disability and death related to tobacco use and exposure to secondhand smoke.

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

The need for grant funding is essential to develop a broad-based community tobacco coalition to promote and implement a city-wide strategic plan to expand and positively impact the health of our community.

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

N/A

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

The Grant period is January 1, 2001 through December 31, 2001.

6. Provide a List of Subgrantees:

N/A

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