

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

**Department/Division:** Health/Public Health Services

**Contact Person & Phone No:** Mildred Leigh-Gold, # 2151

### Category of Request

**New Grant**

**Grant Continuation**

**Change in Previously Approved Grant**

**Previous Council File No.** 040374

**Previous Council File No.**

**Project Title:** Breast and Cervical Cancer Screening Grant

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

**Grant Application Date:** N/A - Continuing Grant

**Anticipated Award Date:** July, 2005

**Please provide the following information:**

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

These grant funds will be used to expand the scope of the Wisconsin Women's Cancer Control Program beyond its current focus of breast and cervical cancer screening to include health promotion and risk reduction for cardiovascular disease, osteoporosis, diabetes, mental illness and domestic violence. This Well Women Health Screening Program will provide screening, diagnostic services and case management to low-income women 35-64 years of age including referral to existing primary care providers.

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

This grant would enable MBCCAP and other programs within the Adult Health and Chronic Disease Division to work as a collaborative effort with existing community providers. Additional partnerships with existing community partners will be enhanced and established to assure access to health promotion/risk reduction services.

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

These grant funds are needed to strengthen, enhance and expand our current program and services provided. These services are to include breast and cervical cancer screening, cardiovascular disease screening and diabetic screening.

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

Results will be measured through our client data collection system and the required state reporting mechanism that is specific to this grant.

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

The grant period is July 1, 2005 through June 30, 2006. This grant funds positions and services vital to the daily operation of the breast cancer program.

#### 6. Provide a List of Subgrantees:

N/A

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