

GRANT ANALYSIS FORM
OPERATING & CAPITAL GRANT PROJECT/PROGRAMS

Department/Division: Health/Home Environmental Health

Contact Person & Phone No: Amy Murphy, #8028

Category of Request	
<input checked="" type="checkbox"/> New Grant	
<input type="checkbox"/> Grant Continuation	Previous Council File No.
<input type="checkbox"/> Change in Previously Approved Grant	Previous Council File No.

Project/Program Title: **HUD Asthma Grant**
Healthy Homes Demonstration Project – Phase II

Grantor Agency: Housing and Urban Development

Grant Application Date: 07/13/04 **Anticipated Award Date:** 10/01/04

Please provide the following information:

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

To provide care coordination, in-home case management, environmental assessment and housing interventions to 400 children identified with persistent asthma.

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

Reducing asthma hospitalizations and emergency department visits is a target outcome for the Milwaukee Health Department

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

The Milwaukee Health Department Asthma Program is fully funded by grants. Our current Healthy Homes Demonstration Project is scheduled to end during 2005. If grant funds are not secured, MHD service to families impacted by persistent asthma will be discontinued.

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

- Caregiver quality of life
- Hospitalization Rate
- Emergency Department Visit Rate
- Symptom Days
- Reduction of Asthma Triggers/Home Allergens
- Self-Management Skills
- Costs

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

01/01/05-12/31/07

6. Provide a List of Subgrantees:

Medical College of Wisconsin

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