

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Health Department**

Contact Person & Phone No: **Anna Benton, X3064**

Category of Request

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

Previous Council File No.

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Project/Program Title: **Infant Mortality Reduction Initiative**

Grantor Agency: **United Way**

Grant Application Date: **July 2011**

Anticipated Award Date: **September 2011**

Please provide the following information:

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

MHD will work to improve birth outcomes in a targeted geographic area with the worst birth outcomes in the city: 53206, 53210 and 53216. Activities will include direct service as well as advocacy and education.

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 prepared to make satisfactory educational achievements. All of these are departmental objectives and assist in attaining the City-wide objective of making Milwaukee a city of healthy citizens.

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

This grant funds one Public Health Nurse in the Empowering Families of Milwaukee project.

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

In the Empowering Families of Milwaukee project, MHD follows up with approximately 300 home visitation clients each year to assure they have access to appropriate care and information during pregnancy to promote healthy birth outcomes and appropriate child development.

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

October 1, 2011 through September 30, 2013.

6. Provide a List of Subgrantees:

N/A

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

See attached.