GRANT ANALYSIS FORM
OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health

Contact Person & Phone No: Irmine Reitl, X8555

Category of Request

Γ **New Grant**

ξ **Grant Continuation**

Γ **Change in Previously Approved Grant**

Previous Council File No. 090249 and 100484

Previous Council File No.

Project/Program Title: Refugee Health Screening Grant

Grantor Agency: State of Wisconsin Division of Economic Support

Grant Application Date: N/A Continuing

Anticipated Award Date: October, 2010

Please provide the following information:

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

This grant will aid the City of Milwaukee Tuberculosis Control Clinic (TBCC) in providing outreach, screening and other public health services to refugees. Foreign-born persons are a high-risk group for developing tuberculosis. Refugees are screened for tuberculosis, hepatitis, lead poisoning, pregnancy, parasites and other enteric diseases. Needed immunizations, health education and acquaintance with health care delivery systems are also provided.   From September 2009-August 2010, 668 refugees received screenings. It is projected that the number of refugees needing screening in the new grant period will be approximately 975 individuals.

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

The goals and objectives of this grant are consistent with the City-wide strategic goal of improving the health of its citizens and the Health Department objective of reducing illness from communicable disease.

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

Refugee Screening Grant funds help pay for services and supplies expended in outreach and screening activities.

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

N/A

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

The grant period covered is October 1, 2010 through September 30, 2011.

6. Provide a List of Subgrantees:

N/A

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