GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

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Department/Division: Health				
Contact Person & Phone No: Janice Rach, #8654	·			·
Category of Request			-	
□ New Grant				
Grant Continuation	Previous Council File No	. 000710		
□ Change in Previously Approved Grant	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	Anticip	ated Award Date:	October 15, 200	1
Please provide the following information:				
Description of Grant Project/Program (Include Target Locations and Pop	ulations):		•	
get the free health screening that includes screening for TB, hepatitis, I children and adults. In 2000, 192 refugees from many countries includin sponsor the refugees help assure that any health problems found are tre high in the entire US. In 2000, 38% of the TB in the City was in foreign-to f TB were found by refugee screening.	ig Somalia, Bosnia, Vietnam, (eated. Anv TB issues are hand	Croatia and others w dled at TBCC. The ri	ere screened. T se in TB in foreig	he agencies that in-born people is
2. Relationship to City-wide Strategic Goals and Departmental Objectives:				
Direct relationship with the goal to control communicable disease in the the vision of making Milwaukee the healthiest City.	City, especially TB, and the go	oal to increase immu	nization rates. It	is also related to
3. Need for Grant Funds and Impact on Other Departmental Operations (Ap	oplies only to Programs):			
Funds help pay for services, supplies, and equipment needed to assure		d that follow up is o	otained.	
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, 2001 through September 30, 2	2002.			

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

6. Provide a List of Subgrantees:

N/A