GRANT ANALYSIS FORM
OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health/Home Environmental Health

Contact Person & Phone No: **Amy Murphy, #8028**

Category of Request

- [ ] **New Grant**
- [ ] **Grant Continuation**
- [X] **Change in Previously Approved Grant**

Previous Council File No.

Previous Council File No. 991056

Project/Program Title: **Pilot Ordinance Evaluation Grant**

Grantor Agency: U. S Department of Housing and Urban Development through the Batelle Organization

Grant Application Date: **June, 1999** **Anticipated Award Date:** July 15, 2003

Please provide the following information:

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

   The purpose of this research is to evaluate the feasibility, costs and effectiveness of the Pilot Project for Lead-Based Paint Hazard Control in residential property through a community-based screening and prospective study.

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

   Childhood lead poisoning is a major initiative under the Health Department's Maternal and Child Health and Home Environmental Health Objectives.

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

   Many program insights have been gained by implementing the Pilot Project Ordinance. This study will allow the City of Milwaukee to evaluate the impact of this initiative on community and individual children's blood lead levels.

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

   Incidence rates of childhood lead poisoning in the target areas will be compared to those in control neighborhoods not covered by the Pilot Ordinance. Blood lead levels of individual children in abated homes in the target areas will also be tracked longitudinally to assess the protectiveness of the housing standard.

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

   October, 1999 through March, 2004

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

   Sixteenth Street Community Health Center

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