GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health Department Contact Person & Phone No: Darryl Davidson, #8574			
Categ	ory of Request		
Ø	New Grant		
	Grant Continuation	on	Previous Council File No.
	Change in Previo	usly Approved Grant	Previous Council File No.
Project	/Program Title: GLA	ASSES FOR KIDS	
Granto	r Agency: UNITED	WAY OF GREATER MILWAUKEE	
Grant A	Application Date:	SEPTEMBER 2003	Anticipated Award Date: APRIL 9 2004
Please	provide the followin	ng information:	
1. Des	cription of Grant Pro	oject/Program (Include Target Locations and P	opulations):
Tł M	ne funding allows th ilwaukee school age	e vision screening, eye examinations, and the population who do not have access to eye ca	purchase of vision vouchers for eye care professionals to provide glasses for the are and lack health insurance.
2. Rela	ationship to City-wid	de Strategic Goals and Departmental Objective	rs:
He ba	ealth care access for rriers that affect lea	the underserved populations is a health depart arning and graduation rates.	ment priority. Improving the vision of school children fits the city's goal to remove
3. Nee	ed for Grant Funds a	and Impact on Other Departmental Operations	(Applies only to Programs):
Т	he grant will specifi	cally support activities and materials such as v	ouchers, vision screening, and follow care with eye care professionals
4. Res	ults Measurement/F	Progress Report (Applies only to Programs):	-
	ogress and population	on data will be documented by public health ar	nd school nurses with a final progress report created for the United Way in March
5. Gra	nt Period, Timetabl e	e and Program Phase-out Plan:	
Tì	ne grant period is Ma	arch 01, 2003 through December 31, 2005.	
6. Pro	vide a List of Subgr	antees:	
	NI/A		

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