## GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health/Healthy Behaviors and Healthcare Access		
Conta	ct Person & Phone No: Gerald J. Schroeder/#2950	
Cate	gory of Request	
$\boxtimes$	New Grant	
	Grant Continuation	Previous Council File No.
	Change in Previously Approved Grant	Previous Council File No.
Projec	t/Program Title: Steps to a Healthier US	
Granto	or Agency: U. S. Department of Health and Human Services	
Grant	Application Date: June 21, 2004	Anticipated Award Date: September 21, 2004
Please	provide the following information:	
1. De	scription of Grant Project/Program (Include Target Locations and Popul	ations):
	Targeting adolescent obesity, by working with the schools and nei Diabetes, asthma and tobacco cessations will also be addressed the	ghborhood, to develop best practice fitness and nutrition programs for youth rough a wrap-around services models.
2. Re	lationship to City-wide Strategic Goals and Departmental Objectives:	
	This grant falls in line with the 2010 State health objectives and the nutrition, exercise, weight loss, diabetes prevention, asthma aware	e City of Milwaukee 2004 outcomes. These outcomes stress comprehensive eness and quitting smoking.
3. N	eed for Grant Funds and Impact on Other Departmental Operations (Ap	plies only to Programs):
	These funds are necessary to advance our 2010 Wisconsin goals adolescent health, fitness objectives and exercise.	of healthcare access/outreach, adolescent nutrition and tobacco cessation,
4. Results Measurement/Progress Report (Applies only to Programs):		
	Pre/post testing will be done to validate progress along with comm	unity surveying, audits and an annual evaluation.
5. Gr	ant Period, Timetable and Program Phase-out Plan:	
	The grant will cover five years from 2004 through 2009.1 Year 1 – Planning and development Year 2 – Implementation Year 3 – 5 Phased in Programming	
6. Pro	ovide a List of Subgrantees:	

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

N/A