GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECT/SPROGRAMS

*	ment/Division: Health/Home Environmental Health et Person & Phone No: Amy Murphy, #8028		
Cate;	gory of Request New Grant Grant Continuation Change in Previously Approved Grant	Previous Council File No. Previous Council File No.	
-	#Program Title: Lead Based Paint Hazard Control (Round 11) or Agency: Housing and Urban Development		
Grant Application Date: 07/13/04 Please provide the following information:		Anticipated Award Date: 10/01/04	
	ription of Grant Project/Program (Include Target Locations as	nd Populations):	

To make an additional 870 housing units lead-safe and to contract with 3 community-based organizations in support of neighborhood prevention activities.

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

Decrease in the prevalence of childhood lead poisoning and increase in the number of lead-safe housing units are target outcomes for the Milwaukee. Health Department.

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

Strategies to make high-risk housing lead-safe <u>before</u> a child is poisoned are fully funded by grants. If grant funds are not secured, thousands of children will suffer the impacts of lead exposure.

- 4. Results Measurement/Progress Report (Applies only to Programs):
 - Reduction in lead poisoning prevalence rates
 - Increase in the number of lead-safe housing units
 - Expansion of neighborhood-based solutions to childhood lead poisoning
- 5. Grant Period, Timetable and Program Phase-out Plan:

01/01/05-06/30/07

6. Provide a List of Subgrantees:

Sixteenth Street Community Health Center Hmong American Friendship Association Sherman Park Neighborhood Association

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