GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health Contact Person & Phone No: Paula Roberts, #286-8585 Category of Request					
				New Grant	
			Ø	Grant Continuation	Previous Council File No. 041603
	Change in Previously Approved Grant	Previous Council File No.			
Project/	Program Title: Covering Kids Grant				
Grantor	Agency: Robert Wood Johnson Foundation thro	ough Community Advocates			
Grant A	pplication Date: N/A Continuing	Anticipated Award Date: July 1, 2006			
Please p	provide the following information:				
1. Des	cription of Grant Project/Program (Include Target	Locations and Populations):			
	The purpose of the grant is to assist low-incom strategies to reach out to families of school chi	ne families in obtaining medical insurance and food stamps and other entitlements and to develop lidren.			
2. Rela	tionship to City-wide Strategic Goals and Departr	nental Objectives:			
		goals of improving the overall health of children and their families. Funding under this grant will es to accomplish stated City and departmental goals.			
3. Nee	d for Grant Funds and Impact on Other Departme	ental Operations (Applies only to Programs):			
	The grant funds will expand the capacity of so Medicare and reduce the number of emergency	ervices provided and the number of people served; increase the number of families covered by visits to hospitals.			
4. Resi	ilts Measurement/Progress Report (Applies only to	o Programs):			
	By January 31, 2007 the number of individuals services such as lead screening and immunization	s assisted in enrolling in health benefits and food stamp programs and other Health Department ons will be measured.			
5. Gran	nt Period, Timetable and Program Phase-out Plan:				
	The grant period is February 1, 2006 - January	[,] 31, 2007.			
6. Prov	ide a List of Subgrantees:				
	N/A				

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