## GRANT ANALYSIS FORM OPERATING & CAPITAL

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

**GRANT** 

PROJECTS/PROGRAMS

Department/Division: CITY DEVELOPMENT  Contact Person & Phone No: TORY KRESS @ x8268
Category of Request
□ New Grant
☐ Grant Continuation
☐ Change in Previously Approved Grant
Previous Council File No.
Previous Council File No.
Project/Program Title: BROWNFIELDS SITE ASSESSMENT GRANTS
Grantor Agency: STATE OF WISCONSIN, DEPARTMENT OF NATURAL RESOURCES
Grant Application Date: 11/3/08 Anticipated Award Date: 2/1/09
Please provide the following information:
1. Description of Grant Project/Program (Include Target Locations and Populations):
THE CITY OF MILWAUKEE PROPOSES TO FIND INNOVATIVE WAYS TO UNLOCK THE POTENTIAL FOR CREATING JOBS FOR RESIDENTS WHO LIVE IN THE CITY OF MILWAUKE THE PROJECT WILL FUND SITE INVESTIGATION AND REMOVAL OF UNDERGROUND STORAGE TANKS AND DEMOLITION ON VARIOUS SITES IN THE CITY OF MILWAUKEE.
2. Relationship to Citywide Strategic Goals and Departmental Objectives:
ENCOURAGE INDUSTRIAL AND COMMERCIAL REDEVELOPMENT FOR JOB CREATION AND BUSINESS RETENTION.
3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):
N/A
4. Results Measurement/Progress Report (Applies only to Programs):
N/A
5. Grant Period, Timetable and Program Phase-out Plan:
2/1/2009 TO 6/30/2011
6. Provide a List of Subgrantees: