

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

**Department/Division:** *Milwaukee Police Department*

**Contact Person & Phone No:** *Barb Butler 414-935-7452*

**Category of Request**

**New Grant**

**Grant Continuation**

**Change in Previously Approved Grant**

**Previous Council File No.**

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**Project/Program Title:** *Recovery Act Edward Byrne Memorial Justice Assistance (JAG) Grant*

**Grantor Agency:** *US Department of Justice- Bureau of Justice Assistance*

**Grant Application Date:** *N/A*

**Anticipated Award Date:**

**Please provide the following information:**

**1. Description of Grant Project/Program (Include Target Locations and Populations):**

*To fund overtime and purchases for various initiatives and projects.*

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

*Crime prevention; public safety*

**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:**

*03/01/09 through 2/28/13*

**6. Provide a List of Subgrantees:**

*N/A*

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