

# GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

**Department/Division:** Milwaukee Police Department

**Contact Person & Phone No:** Barb Butler 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:** 2010 Enhanced Cold Case Investigation Grant.

**Grantor Agency:** U.S. Department of Justice, Office of Justice Programs

**Grant Application Date:**

**Anticipated Award Date:** 8/24/10

**Please provide the following information:**

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

Funds overtime for police personnel to work on cold case files

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

Public safety through solving of cold cases.

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

**4. Results Measurement/Progress Report (Applies only to Programs):**

**5. Grant Period, Timetable and Program Phase-out Plan:**

10/1/10 – 03/31/12

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

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

Attached.