

**GRANT ANALYSIS FORM  
OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS**

**Department/Division:** CITY DEVELOPMENT

**Contact Person & Phone No:** JOHANNA HOWARD (x8268)

**Category of Request**

- New Grant**
- Grant Continuation**
- Change in Previously Approved Grant**

**Previous Council File No.**

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**Project/Program Title:** AWARDING OF THE FOLLOWING GRANT: REMEDIATION ACTIVITIES FOR PROPERTY AT 3613 NORTH PALMER STREET.

**Grantor Agency:** STATE OF WISCONSIN DEPARTMENT OF COMMERCE

**Grant Application Date:** 4/15/05

**Anticipated Award Date:** 6/13/05

**Please provide the following information:**

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

THIS GRANT WILL PROVIDE FOR REMEDIATION ACTIVITIES, INCLUDING REMOVAL OF COMTAMINATED SOIL FROM THE PROPERTY AT 3613 NORTH P ALMER STREET.

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

PROVIDE REMEDIATIONCLEAN-UP AND PROVIDE JOBS AND INDUSTRIAL REDEVELOPMENT.

**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:**

6/13/05 TO 12/31/08

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

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