

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: *Milwaukee Police Department*

Contact Person & Phone No: *Budget Manager, Barb Butler, ext. 7452*

Category of Request <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Grant Continuation <input type="checkbox"/> Change in Previously Approved Grant	Previous Council File No. Previous Council File No.
---	--

Project/Program Title: *Homeland Security hazardous Device Robot Upgrade*

Grantor Agency: *U.S. Department of Homeland Security through the State of Wisconsin, Office of Justice Assistance*

Grant Application Date: *5/25/10*

Anticipated Award Date: *7/21/10*

Please provide the following information:

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

The purpose of this grant is to provide funds to purchase an F6 robot upgrade kit.

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

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:

7/21/10 – 9/30/10

6. Provide a List of Subgrantees:

N/A

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