

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

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

Project/Program Title: *Project Safe Neighborhood- Reentry Initiative Grant*

Grantor Agency: *Office of Justice Assistance*

Grant Application Date:

Anticipated Award Date: *Received 12/22/09*

Please provide the following information:

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

The purpose of this project is to reduce gun and gang crime by taking an active role in offender reentry, focusing on high risk or high intensity offenders and /or gang involved offenders returning to Milwaukee.

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

Public safety; reduction of crime.

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:

01/1/10 - 12/31/10

6. Provide a List of Subgrantees:

N/A

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