

**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**

**Previous Council File No.**

**Change in Previously Approved Grant**

**Previous Council File No.**

**Project/Program Title:** *State Overtime Grant*

**Grantor Agency:** *State of Wisconsin 2007/09 budget*

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

**Anticipated Award Date:** *7/1/07*

**Please provide the following information:**

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

*The State budget passed in November 2007 included \$250,000 to provide funding for overtime expenditures incurred between 7/1/07 and 6/30/08 related to law enforcement and crime prevention in targeted areas that suffer from high levels of violent and drug related crime. These funds will be used to offset a portion of the 2007 overtime worked as part of the Neighborhood Safety initiative.*

**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):**

*Provides funding of \$250,000 to offset 2007 overtime expenditures.*

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

*N/A*

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

*07/01/07 – 6/30/08*

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

*N/A*

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