

# 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.** 080631

**Previous Council File No.**

**Project/Program Title:** UWM Grant

**Grantor Agency:** University of Wisconsin - Milwaukee

**Grant Application Date:** N/A

**Anticipated Award Date:** N/A

**Please provide the following information:**

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

This grant continues to reimburse MPD's costs of officer overtime in providing additional law enforcement services in areas adjacent to the University.

**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):**

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

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

08/27/09 – 10/31/09

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

N/A

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