

# 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**

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

**Previous Council File No.**

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**Project/Program Title:** Organized Crime Drug Enforcement Task Force (OCDETF)

**Grantor Agency:** U.S. Department of Justice, Federal Bureau of Investigation

**Grant Application Date:** **Anticipated Award Date:**

**Please provide the following information:**

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

The purpose of this grant is to fund overtime for assistance in specified OCDETF investigations and prosecutions.

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

Reduce crime and enhance the quality of life in the City of Milwaukee.

**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:**

10/01/09 – 09/30/10

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

N/A

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