GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

| Depar | tment/Div | ision: | LIBRARY BOARD | | |
|-------------------------|---|--------------|---|---|---|
| Conta | ct Person | & Phone | No: CHRISTINE ARKENBERG, 286-3 | 023 | |
| Cate | egory of R | equest | | | |
| | X | New G | rant | | |
| | ☐ Grant Contin | | Continuation | Previous Council File No. | 090522 |
| | | Chang | e in Previously Approved Grant | Previous Council File No. | |
| Projec | :t/Program | n Title: | Talking Book and Braille Library | | |
| Grantor Agency: | | | State of Wisconsin Department of Public Instruction | | |
| Grant Application Date: | | n Date: | N/A | Anticipated Award Date: | August 2010 |
| 1. | Descript | tion of G | rant Project/Program (Include Target Location | ns and Populations): | |
| | impaired | d through | alking Book and Braille Library is funded by nout Wisconsin. Since the early 1970s, these er services to the target population. | the State of Wisconsin in order to provide lie funds have provided for all personnel, equ | brary services to the physically and visually sipment (including technology), and services |
| 2. | Relationship to City-Wide Strategic Goals and Departmental Objectives: | | | | |
| | City-wide goals include enhancing the skills necessary to allow students to graduate from high school with the skills necessary to obtain a job, pursue additional education, training, or go to college. This grant will provide library services, which are not available from any other source, to visually and physically handicapped city residents of all ages. | | | | |
| 3. | Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs): | | | | |
| | The staf | f, equipn | nent, and services required to deliver the spe | ecified services are funded by the grant. | |
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| 4. | N/A | Measure | ement/Progress Report (Applies only to Progr | ams): | |
| | | | | | |
| 5. | Grant Period, Timetable and Program Phase-Out Plan: | | | | |
| | This grant period conforms to the State fiscal year July 1, 2010 to June 30, 2011. | | | | |
| 6. | Provide | a list of \$ | Subgrantees: | | |
| | | | | | |
| 7 | If Possik | ole, comp | olete Grant Budget Form and attach to back. | | |