

# 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

Change in Previously Approved Grant

Previous Council File No. *041503*

Previous Council File No.

Project/Program Title: *Homicide Review Commission- UW Medical School*

Grantor Agency: *University of Wisconsin Medical School*

Grant Application Date: *N/A*

Anticipated Award Date: *03/01/08*

Please provide the following information:

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

*The purpose of this project is to draw on both criminal justice and public health models of homicide review to better understand the nature of homicide through strategic problem analysis, and to develop innovative responses and strategically focus limited enforcement and intervention activities on those identifiable risks.*

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

*This resolution will allow the Milwaukee Police Department to increase their capacity to reduce homicides within the City of Milwaukee, which will enhance the safety of the public.*

#### 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:

*03/01/08 through 12/31/10*

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

*N/A*

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