

**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.**

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**Project/Program Title:** I-94 N-S Corridor Reconstruction

**Grantor Agency:** Wisconsin Department of Transportation

**Grant Application Date:** N/A

**Anticipated Award Date:** 11/01/08

**Please provide the following information:**

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

The purpose of this grant is to provide additional crossing guards at various agreed upon locations within the City to ensure increased pedestrian safety during roadway reconstruction.

**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):**

N/A

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

N/A

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

11/01/08 – 12/31/10

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

N/A

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