

## GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Office of Emergency Management & Homeland Security

Contact Person & Phone No: STEVEN FRONK, Director 414.286.5062

Category of Request

New Grant

Grant Continuation

Change in Previously Approved Grant

Previous Council File No. \_\_\_\_\_

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Project/Program Title: State & Local Implementation Grant

Grantor Agency: U.S. Department of Commerce through Wisconsin Department of Justice

Grant Application Date: \_\_\_\_\_

Anticipated Award Date: 12/05/2014

1. Description of Grant Project/Program (Include Target Locations and Populations):  
The grant will be used to implement the State & Local Implementation Grant Program (SLIGP) in the Southeast WEM region as well as to provide statewide support for SLIGP implementation.
  
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:  
09/01/2013-07/30/2016
  
6. Provide a list of Subgrantees:  
N/A
  
7. If Possible, complete Grant Budget Form and attach to back.