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

| Contact Person & Phone No: Barb Butler 414-935-7452  Category of Request  New Grant   |   |   |   |   |
|---|---|---|---|---|
|   |   |   |   | X |
|   | Change in Previo  | iously Approved Grant                           | Previous Council File No.   |   |
| Project/Program Title: Edward Byrne Memorial 2008 Justice Assistance Grant  Grantor Agency: US Department of Justice-Bureau of Justice Assistance |   |   |   |   |
|   | Application Date:   | 6/23/2008                                       | Anticipated Award Date: 10/01/2008  |   |
| Please provide the following information:   |   |   |   |   |
| 1. De   | 1. Description of Grant Project/Program (Include Target Locations and Populations): |   |   |   |
|   | his resolution authoriz<br>ecorders (MDVR).   | res the Milwaukee Police Department (MPD) to us | e the funds to purchase the Traffic and Criminal Software (TraCS)and Mobile Digital Video |   |
| 2 Relationship to City-wide Strategic Goals and Departmental Objectives:  |   |   |   |   |
| R   | eduction of crime; pub  | lic 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:  |   |   |   |   |
| 10/1/20008- 9/30/12   |   |   |   |   |
| 6. Provide a List of Subgrantees:   |   |   |   |   |
| N   | /A  |   |   |   |
| 7. If Possible, Complete Grant Budget Form and Attach.  |   |   |   |   |