

# GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

**Department/Division:** Milwaukee Police Department

**Contact Person & Phone No:** Vicki Johnson, Accountant III, ext. 7125

## Category of Request

**New Grant**

**Grant Continuation**

**Previous Council File No.**

**Change in Previously Approved Grant**

**Previous Council File No.**

**Project/Program Title:** Crisis Intervention Training – Greater Milwaukee Foundation Grant

**Grantor Agency:** Greater Milwaukee Foundation

**Grant Application Date:** N/A

**Anticipated Award Date:** Received

**Please provide the following information:**

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

The Crisis Intervention Team training is for police officers and the target location is city wide. The population that CIT serves is mentally ill persons.

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

CIT helps MPD in its vision and mission to reduce crime fear and disorder and to work in partnership with the community as CIT is a community based training initiative.

### 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):

Through the research and assessment portion of this grant, a study will be done to measure the impact of the CIT program as it relates to attitudes and perceptions of law enforcement officers regarding mental illness, the community's perception of their interaction and treatment by law enforcement officers, and a qualitative assessment of the impact and effectiveness of CART, to enhance the quantitative data currently available.

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

09/15/15 – 09/15/17

### 6. Provide a List of Subgrantees:

N/A

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