

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

**Department/Division:** CITY DEVELOPMENT

**Contact Person & Phone No:** BRIAN REILLY (x5616)

**Category of Request**

- New Grant**
- Grant Continuation**
- Change in Previously Approved Grant**

**Previous Council File No.**

**Previous Council File No.**

**Project/Program Title:** AWARDING OF THE FOLLOWING GRANTS: UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT NEIGHBORHOOD INITIATIVE GRANT, UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ECONOMIC DEVELOPMENT INITIATIVE GRANT AND SIXTEENTH STREET COMMUNITY HEALTH CENTER GRANT.

**Grantor Agency:** U.S.DEPARTMENT OF HUD AND SIXTEENTH STREET COMMUNITY HEALTH CENTER

**Grant Application Date:** 7/15/03

**Anticipated Award Date:** 7/15/03

**Please provide the following information:**

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

THE GRANTS WILL BE USED FOR PLANNING, DESIGN, ENGINEERING AND SITE PREPARATION ACTIVITIES IN THE MENOMONEE VALLEY INCLUDING THE CANAL STREET PROJECT.

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

IMPLEMENT THE MENOMONEE VALLEY LAND USE PLAN AND PROVIDE JOBS AND INDUSTRIAL REDEVELOPMENT.

**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:**

7/15/03 TO 7/15/07

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

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