

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

**Department/Division:** *Milwaukee Police Department*

**Contact Person & Phone No:** *Barb Butler 414-935-7452*

**Category of Request**

**New Grant**

**Grant Continuation**

**Change in Previously Approved Grant**

**Previous Council File No.**

**Previous Council File No.**

**Project/Program Title:** *Homicide Review Commission Evaluation Support*

**Grantor Agency:** *US DOJ-Office of Justice Assistance*

**Grant Application Date:** *11/28/07*

**Anticipated Award Date:** *1/1/08*

**Please provide the following information:**

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

*This resolution authorizes the Milwaukee Police Department (MPD) to fund the Milwaukee Homicide Review Commission through a grant award from the Office of Justice Assistance. The Homicide Review Commission provides the Department with support and assistance with gun violence reduction and anti gang evaluation efforts.*

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

*Public safety; reduction of crime.*

**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:**

*1/1/08 –9/30/08*

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

*N/A*

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