

# GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

**Department/Division:** LIBRARY BOARD

**Contact Person & Phone No:** SANDRA LOCKETT, 286-3023

<b>Category of Request</b>	
<input type="checkbox"/> New Grant	
<input type="checkbox"/> Grant Continuation	<b>Previous Council File No.</b> 020502
<input type="checkbox"/> Change in Previously Approved Grant	<b>Previous Council File No.</b>

**Project/Program Title:** Regional Library for the Blind & Physically Handicapped

**Grantor Agency:** State of Wisconsin Department of Public Instruction

**Grant Application Date:** N/A

**Anticipated Award Date:** July 2003

**Please provide the following information:**

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

The Wisconsin Regional Library for the Blind and Physically Handicapped is funded by the State of Wisconsin in order to provide library services to the blind and physically impaired throughout Wisconsin. Since the early 1970's, these funds have provided for all personnel, equipment (including technology), and services required to deliver services to the target population.

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

City-wide goals include enhancing the skills necessary to allow students to graduate from high school with the skills necessary to obtain a job, pursue additional education, training, or go to college. This grant will provide library services, which are not available from any other source, to blind and physically handicapped city residents of all ages.

**3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):**

The staff, equipment, and services required to deliver the specified services are funded by the grant.

**4. Results Measurement/Progress Report (Applies only to Programs):**

N/A

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

This grant period conforms to the State fiscal year July 1, 2003 to June 30, 2004.

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

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