

# 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.** 091123

**Previous Council File No.**

**Project/Program Title:** Beat Patrol Program Grant

**Grantor Agency:** State of Wisconsin Department of Justice, Office of Justice Assistance

**Grant Application Date:** N/A

**Anticipated Award Date:** Award received 11/23/09

**Please provide the following information:**

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

Purpose is to work with residents to identify and resolve crime and quality of life issues which impact the neighborhood.

**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):**

Provides funding of \$140,793 towards the salaries of three police officers. The department pays the difference in salaries of what the grant does not cover.

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

N/A

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

01/01/11 – 12/31/11

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

N/A

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