

# 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.**

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**Project/Program Title:** *COPS Child Sexual Predator Program Grant*

**Grantor Agency:** *U.S. Department of Justice, Office of Community Oriented Policing Services subgranted through the Wisconsin Department of Justice, Division of Criminal Investigation*

**Grant Application Date:** *N/A*

**Anticipated Award Date:** *1/1/2009*

**Please provide the following information:**

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

*The purpose of this project grant is to work with the community and community partners to analyze, assess and assist in protecting children from abuse and to provide resources for healing along with keeping up with technological advances that assists in tracking and catching child sexual predators.*

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

*Enhance the quality of life for its citizens.*

**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:**

*1/1/2009 to 9/30/2010*

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

*N/A*

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