

GRANT ANALYSIS FORM

OPERATING GRANT PROJECTS/PROGRAMS

Department/Division: DOA – Office of Community Wellness and Safety

Contact Person & Phone No: _____

Category of Request

✓

New Grant

Grant Continuation

Previous Council File No. _____

Change in Previously Approved Grant

Previous Council File No. _____

Project/Program Title: Growth Opportunities - Growth Milwaukee (GO MKE)

Grantor Agency: US DOL – Subrecipient award from Employ Milwaukee

Grant Application Date: _____

Anticipated Award Date: _____

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

OCWS is a subrecipient of Employ Milwaukee's Growth Opportunities Milwaukee(GO MKE) grant from U.S. Department of Labor Growth Opportunities program. OCWS will serve as the violence prevention services provider to deliver mentorship, conflict resolution curriculum, and a peer ambassador program for justice-involved youth to help prepare them for the world of work.

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

This grant supports public safety and reduction of crime objectives.

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

The subrecipient grant will fund salary, fringe, and indirect salary benefits for one Community Outreach Specialist for approximately 30 months for a total of \$288,908. Additionally, \$124,800 in contract services will fund two part-time Critical Response Team members for 30 hours/week @ \$20/hr. for 24 months and \$552 for uniforms (shirts, safety vests, hats) for new personnel. No City match is required.

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

N/A

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

7/1/2025 – 7/31/2028

6. Provide a list of Subgrantees:

OCWS will contract for part-time Critical Response Team members from community member partnerships. Specific agency to be determined.

7. If Possible, complete Grant Budget Form and attach to back.