

**GRANT ANALYSIS FORM**  
**OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS**

Department/Division: CITY DEVELOPMENT  
Contact Person & Phone No: MICHAEL MAIERLE, X5720

**Category of Request**

- New Grant
- Grant Continuation
- Change in Previously Approved Grant

Previous Council File No.

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**Project/Program Title:** SOUTHEAST SIDE AREA PLAN

**Grantor Agency:** STATE OF WISCONSIN COASTAL MANAGEMENT PROGRAM GRANT

**Grant Application Date:** 11/1/06

**Anticipated Award Date:** 6/1/07

**Please provide the following information:**

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

THIS GRANT WILL PROVIDE FUNDING FOR A CONSULTANT TO PROVIDE PARTIAL COMPLETION IN THE DEVELOPMENT OF A COMPREHENSIVE PLAN FOR THE SOUTHEAST SIDE AREA.

**2. Relationship to Citywide Strategic Goals and Departmental Objectives:**

THE PROPOSED DEVELOPMENT OF A SOUTHEAST SIDE AREA PLAN WILL REFLECT AND FACILITATE THE IMPLEMENTATION OF THE CITY'S STRATEGIC GOALS PARTICULARLY AS THEY RELATE TO LAND DEVELOPMENT AND REDEVELOPMENT.

**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:**

6/1/2007 TO 7/31/2008

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

N/A

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