

# GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

**Department/Division:** Milwaukee Police Department

**Contact Person & Phone No:** Vicki Johnson 414-935-7125

**Category of Request**

**New Grant**

**Grant Continuation**

**Previous Council File No.**

**Change in Previously Approved Grant**

**Previous Council File No.**

**Project/Program Title:** 2013 Edward Byrne Memorial Justice Assistance Overtime Grant

**Grantor Agency:** US Department of Justice- Bureau of Justice Assistance through Milwaukee County

**Grant Application Date:** N/A

**Anticipated Award Date:** received

**Please provide the following information:**

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

This resolution authorizes the Milwaukee Police Department (MPD) to accept funds for purchases for various initiatives and projects.

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

To reduce crime, fear and disorder in the City of Milwaukee.

**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:**

1/1/13-9/30/16

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

N/A

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