

**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**

**Previous Council File No.** 071319

**Change in Previously Approved Grant**

**Previous Council File No.**

**Project/Program Title:** *Milwaukee Safe Streets Intelligence Project*

**Grantor Agency:** *Department of Justice- Office of Justice Programs*

**Grant Application Date:** *6/25/07*

**Anticipated Award Date:** *10/1/07*

**Please provide the following information:**

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

*This grant will allow the Milwaukee Police Department to collaborate with other federal, state and local entities with the goal of reducing homicides, shootings and violent crimes and enhance public safety through hot spot enforcement. This will be accomplished through the use of intelligence lead policing, information sharing through Wisconsin Justice Information Sharing (WJIS) analytical assessments of homicides through the Homicide Review Commission and overtime enforcement response to hot spot crime areas.*

**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):**

*N/A*

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

*N/A*

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

*10/1/07 to 09/30/08*

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

*N/A*

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