

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

**Department/Division:** *Milwaukee Police Department*

**Contact Person & Phone No:** *Budget Manager, Barb Butler, ext. 7452*

<p><b>Category of Request</b></p> <p><input checked="" type="checkbox"/> <b>New Grant</b></p> <p><input type="checkbox"/> <b>Grant Continuation</b></p> <p><input type="checkbox"/> <b>Change in Previously Approved Grant</b></p>	<p><b>Previous Council File No.</b></p> <p><b>Previous Council File No.</b></p>
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**Project/Program Title:** *Homeland Security Booking Exchange Project Grant.*

**Grantor Agency:** *U.S. Department of Homeland Security through the State of Wisconsin, Office of Justice Assistance*

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

**Anticipated Award Date:** *1/15/09*

**Please provide the following information:**

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

*The purpose of this project grant is for the Milwaukee Police Department to connect specific modules of the Record Management System (RMS) to the Office of Justice Assistance Gateway in an information sharing initiative with other law enforcement agencies.*

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

*Public Safety.*

**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:**

*01/15/09 – 7/15/09*

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

*N/A*

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