

# 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**

**Change in Previously Approved Grant**

**Previous Council File No.** 110291,121468, 130546

**Previous Council File No.**

**Project/Program Title:** *Wisconsin Internet Crimes Against Children Grant*

Grantor Agency: *Wisconsin Department of Justice-Division of Criminal Investigation, Internet Crimes Against Children (ICAC) Task Force Program.*

**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):**

*The purpose of the project is a coordinated effort to improve the Wisconsin ICAC program and affiliates effectiveness in responding to online enticement of children by sexual predators.*

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

*This resolution will enhance public safety and reduce crime 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:**

*7/1/14-6/30/15*

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

*N/A*

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