

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

**Department/Division:** Milwaukee Police Department

**Contact Person & Phone No:** Police Officer Dora Wirth, 935-7830

**Category of Request**

**New Grant**

**Grant Continuation**

**Change in Previously Approved Grant**

**Previous Council File No.**

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**Project/Program Title:** Homeland Security LETPP/Equipment Grant.

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

**Grant Application Date:** 04/19/07

**Anticipated Award Date:** 05/07/07 Award Received

**Please provide the following information:**

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

The purpose of this grant is for the purchase of equipment that would enhance the explosive ordinance disposal (EOD) capabilities of the Milwaukee Police Department Bomb Squad, the designated EOD team for Southeastern Wisconsin.

**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:**

03/01/07 – 02/29/08

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

N/A

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