

# GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: *Milwaukee Police Department*

Contact Person & Phone No: *Sergeant Jeffrey Sunn, 935-7219*

## Category of Request

**New Grant**

**Grant Continuation**

**Change in Previously Approved Grant**

Previous Council File No. *100320*

Previous Council File No.

Project/Program Title: **Click It or Ticket Enforcement 2011**

Grantor Agency: *Wisconsin Department of Transportation, Bureau of Transportation Safety*

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 this grant is to encourage extraordinary seat-belt enforcement thru the use of unconventional belt enforcement efforts*

**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:**

*10/01/11 to 9/30/12*

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

*N/A*

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