

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

**Department/Division:** Milwaukee Police Department

**Contact Person & Phone No:** Barb Butler, 935-7452

### Category of Request

☐ New Grant

☐ Grant Continuation

☒ Change in Previously Approved Grant

**Previous Council File No.**

**Previous Council File No.** 081425

**Project/Program Title:** I-94 N-S Corridor Reconstruction Overtime

**Grantor Agency:** Wisconsin Department of Transportation

**Grant Application Date:** N/A

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

**Please provide the following information:**

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

The purpose of this grant is to fund overtime expenses for traffic control assistance and to ensure that emergency response vehicles are not adversely affected by roadway construction.

**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:**

1/1/09 – 12/31/10

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

N/A

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