

# 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.

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Project/Program Title: *JAG MHRC Strangulation Study*

Grantor Agency: *U.S. Department of Justice, Bureau of Justice Assistance*

Grant Application Date: *N/A*

Anticipated Award Date: *7/18/11*

Please provide the following information:

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

*To expand the MHRC's domestic violence prevention work specifically relating to near fatal strangulation incidents.*

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:

*4/1/11 through 3/31/12*

6. Provide a List of Subgrantees:

*N/A*

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