

# 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: *COPS Hiring Recovery Program Grant*

Grantor Agency: *U.S. Department of Justice, Office of Community Oriented Policing Services*

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 hire 10 police officers for enhanced community policing 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:**

*9/1/2013 to 8/31/2016 with position maintenance for a period of not less than 12 months following the end of the grant period.*

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

*N/A*

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