

GRANT ANALYSIS FORM

OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: **Health Department**

Contact Person & Phone No: Dr. Mallory O'Brien 378-1869 (cell)

Category of Request

- ☐ New Grant
- ☐ Grant Continuation
- ☒ Change in Previously Approved Grant

Previous Council File No.

Previous Council File No. 120281

Project/Program Title: **Project Safe Neighborhood-Prolific/Call-In Evaluation Grant**

Grantor Agency: **United States Attorney's Office for the Eastern District of Wisconsin, through the State of Wisconsin, Office of Justice Assistance**

Grant Application Date: 2012

Anticipated Award Date: 2012

Please provide the following information:

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

The purpose of this grant is for the Milwaukee Homicide Review Commission (MHRC) to evaluate a proactive law enforcement strategy targeting violent offender "call-ins". This will consist of documenting the process, its efforts on crime and recidivism, and needed improvements. MHRC will also conduct a comprehensive assessment of 2008-2011 homicide victims and suspects' criminal histories.

2. Relationship to City-wide Strategic Goals and Departmental Objectives:

Reductions in violent crime, lower recidivism rates, and increased 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):

Reductions in violent crime, lower recidivism rates, and increased public safety.

5. Grant Period, Timetable and Program Phase-out Plan:

February 2, 2012 – June 30, 2014

6. Provide a List of Subgrantees:

N/A

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

Budget is included with file.