## GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

| Department/Division: Milwaukee Police Department  |                                     |                                  |
|---|-------------------------------------|----------------------------------|
| Contact Person & Phone No: Vicki Johnson, 935-7125  |                                     |                                  |
| Category of Request   |                                     |                                  |
|   | New Grant                           |                                  |
| $\boxtimes$   | Grant Continuation                  |                                  |
|   | Change in Previously Approved Grant | Previous Council File No. 130573 |
| Project/Program Title: Truancy Abatement and Burglary Suppression (TABS)  |                                     |                                  |
| Grantor Agency: Milwaukee Public Schools  |                                     |                                  |
| Grant   | Application Date: N/A               | Anticipated Award Date: N/A      |
| Please provide the following information:   |                                     |                                  |
| 1. Description of Grant Project/Program (Include Target Locations and Populations):   |                                     |                                  |
| This grant continues to reimburse MPD's costs of six officers salaries and overtime up to a limit of \$655,000 in providing TABS related duties according to the Intergovernmental Agreement. |                                     |                                  |
| 2. Relationship to City-wide Strategic Goals and Departmental Objectives:   |                                     |                                  |
| Pub   | olic safety.                        |                                  |
| 3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):   |                                     |                                  |
| 4. Results Measurement/Progress Report (Applies only to Programs):  |                                     |                                  |
| 5. Grant Period, Timetable and Program Phase-out Plan:  |                                     |                                  |
| 09/   | 02/14 – 06/12/15                    |                                  |
| 6. Provide a List of Subgrantees:   |                                     |                                  |
|   | N/A                                 |                                  |
| 7. If Possible, Complete Grant Budget Form and Attach.  |                                     |                                  |