

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
- ☐ Grant Continuation
- ☒ Change in Previously Approved Grant

Previous Council File No. 130047

Previous Council File No.

Project/Program Title: Mobile Crisis Team Intergovernmental Agreement

Grantor Agency: Milwaukee County

Grant Application Date: N/A

Anticipated Award Date:

Please provide the following information:

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

The purpose of this project is to provide an officer(s) that will become a part of the Milwaukee County Department of Health and Human Services, Behavioral Health Division Mobile Crisis Team.

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

Enhance public safety by responding to behavioral health crises in the community.

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:

1/1/14 – 12/31/15

6. Provide a List of Subgrantees:

N/A

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