

GRANT ANALYSIS FORM

OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: *Milwaukee Police Department*

Contact Person & Phone No: *Barb Butler 414-935-7452*

Category of Request

☐ New Grant

☒ Grant Continuation

☐ Change in Previously Approved Grant

Previous Council File No. 041502

Previous Council File No.

Project/Program Title: *Project Safe Neighborhoods Gun Violence- Homicide Review Commission*

Grantor Agency: *Office of Justice Assistance*

Grant Application Date: *N/A*

Anticipated Award Date: *1/1/08*

Please provide the following information:

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

This resolution authorizes the Milwaukee Police Department (MPD) to fund the Milwaukee Homicide Review Commission through a grant award from the Office of Justice Assistance. The Homicide Review Commission provides the Department with support and assistance with gun violence reduction and anti gang evaluation efforts.

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

Public safety; reduction of crime

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:

01/01/08 – 12/31/09

6. Provide a List of Subgrantees:

N/A

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