

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

**Department/Division:** *Milwaukee Police Department*

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

**Category of Request**

☐ New Grant

☐ Grant Continuation

☒ Change in Previously Approved Grant

**Previous Council File No.** 070701

**Previous Council File No.**

**Project/Program Title:** *UWM Grant*

**Grantor Agency:** *University of Wisconsin - Milwaukee*

**Grant Application Date:** *N/A*

**Anticipated Award Date:** *5/17/08*

**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 officer overtime in providing additional law enforcement services in areas adjacent to the University.*

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

*Public safety; crime prevention*

**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:**

*08/23/07 – 05/17/08*

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

*N/A*

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