

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.

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Project/Program Title: *2008 Safe Routes to School*

Grantor Agency: *Wisconsin Department of Transportation through Milwaukee Public Schools*

Grant Application Date: *N/A*

Anticipated Award Date: *7/1/2008*

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 expend funds from the Safe Routes to Schools grant to provide traffic enforcement in the safe routes areas to children biking and walking to school.

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

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):

N/A

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

07/1/08 to 06/30/11

6. Provide a List of Subgrantees:

N/A

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