

GRANT ANALYSIS FORM

OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: *Milwaukee Police Department*

Contact Person & Phone No: *Budget Manager, Barb Butler, ext. 7452*

Category of Request <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Grant Continuation <input type="checkbox"/> Change in Previously Approved Grant	 Previous Council File No. Previous Council File No.
---	--

Project/Program Title: *Homeland Security/Milwaukee Police EOD Equipment grant.*

Grantor Agency: *Department of Homeland Security through the State of Wisconsin, Office of Justice Assistance*

Grant Application Date: *N/A*

Anticipated Award Date: *Received 9-29-09*

Please provide the following information:

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

The purpose of this grant is to provide funding for select items that will enhance the Milwaukee Police Department's Hazardous Device Unit in their ability to conduct explosive ordinance disposal operations throughout Southeastern Wisconsin.

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:

09/1/09 – 5/31/10

6. Provide a List of Subgrantees:

N/A

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