

# GRANT ANALYSIS FORM

## OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

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

**Contact Person & Phone No:** *Sergeant Kerry Namin, 935-7219*

### Category of Request

**New Grant**



**Grant Continuation**

**Previous Council File No.** 081169

**Change in Previously Approved Grant**

**Previous Council File No.**

**Project/Program Title:** *Alcohol Enforcement 2009-10*

**Grantor Agency:** *Wisconsin Department of Transportation, Bureau of Transportation Safety*

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

**Anticipated Award Date:** *11/01/09*

**Please provide the following information:**

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

*The purpose of this grant is to detect and apprehend motor vehicle operators under the influence of an intoxicant or controlled substance.*

**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:**

*10/01/09 – 09/30/10*

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

*N/A*

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