

# 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

- ☐ New Grant
- ☒ Grant Continuation
- ☐ Change in Previously Approved Grant

**Previous Council File No.** 081424

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**Project/Program Title:** *HIDTA grant.*

**Grantor Agency:** *United States Office of National Drug Control Policy (ONDCP)*

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

**Anticipated Award Date:** *1/1/10*

**Please provide the following information:**

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

*The purpose of this grant is to apply enhanced intelligence processes and greater operational coordination and prosecution to reduce organized drug distribution, drug related violent crime and money laundering, and to reduce the demand for illegal drugs.*

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

*Reduce crime and enhance the quality of life in the City of Milwaukee.*

#### 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:

*01/01/10 – 12/31/10*

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

*N/A*

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