

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. *081092*

Previous Council File No.

Project/Program Title: *Beat Patrol Program Grant*

Grantor Agency: *State of Wisconsin Department of Justice, Office of Justice Assistance*

Grant Application Date: *N/A*

Anticipated Award Date: *Award received 11/23/09*

Please provide the following information:

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

Purpose is to work with residents to identify and resolve crime and quality of life issues which impact the neighborhood.

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

Public safety; reduction of crime

3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):

Provides funding of \$140,793 towards the salaries of three police officers. The department pays the difference in salaries of what the grant does not cover.

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.