

# 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. 081422

Previous Council File No.

Project/Program Title: *Milwaukee Metropolitan Drug Enforcement Grant*

Grantor Agency: *U.S. Department of Justice- Bureau of Justice Assistance*

Grant Application Date: *N/A*

Anticipated Award Date: *1/1/2010*

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 apply for, accept and fund the Milwaukee Metropolitan Drug Enforcement Grant to reduce the volume of controlled substances in the Milwaukee area.*

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

*This resolution will allow the Police Department to reduce crime in the city of Milwaukee, thereby enhancing the quality of life for its citizens.*

#### 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:

*1/1/2010 to 12/31/2010*

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

*N/A*

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