

CITY OF MILWAUKEE OPERATING GRANT BUDGET

INSTRUCTIONS: *Fill in all RED text, and convert to BLACK. Delete red items that are not needed. Yellow highlighted cells include formulas to automatically total dollar amounts. If you insert additional rows, copy down the formulas into the inserted rows. Make sure to check the formulas to ensure they are calculating the numbers correctly.*

PROJECT/PROGRAM TITLE: Breastfeeding Peer Counseling Grant (GR3801124400)
CONTACT PERSON: [Sarah DeSmidt] \ [6732]

PROJECT/PROGRAM YEAR: 2024
DEPT: HEALTH

NUMBER OF POSITIONS		LINE DESCRIPTION	FTE	PAY RANGE	GRANTOR SHARE	[MHD PGM CODE]	[MHD PGM CODE]	TOTAL
NEW	EXISTING					IN-KIND & CITY SHARE	CASH MATCH AC#	
		PERSONNEL COSTS (TOTAL .15 FTE)						
	1	[Health Project Supervisor] (Gonwa Ramos)	0.15		13,544			\$13,544
		TOTAL PERSONNEL COSTS			\$13,544			\$13,544
		FRINGE BENEFITS (2024 @ 52.58%)			7,121			\$7,121
		TOTAL FRINGE BENEFITS			\$7,121			\$7,121
		OPERATING EXPENDITURES						
		Contract services (temp staff, interpreters, etc.) - 634001			135,200			\$135,200
		Admin Office Supplies 630101			5,235			\$5,235
		Internet/Telephone 635002			1,000			\$1,000
		Travel and Training-636501			500			\$500
		TOTAL OPERATING EXPENDITURES			\$141,935			\$141,935
		EQUIPMENT						
		TOTAL EQUIPMENT						
		INDIRECT COSTS						
		TOTAL INDIRECT COSTS						

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NEW	EXISTING					IN-KIND & CITY SHARE	CASH MATCH AC#	
	1	TOTAL POSITIONS / FTE / COSTS	0.15		\$162,600			\$162,600