

# CITY OF MILWAUKEE OPERATING GRANT BUDGET

NOTE: The highlighted cells include formulas to automatically total dollar amounts. If you insert additional rows, you may need to copy the formulas into the inserted rows. Make sure to check the formulas to ensure they are calculating the numbers correctly.

PROJECT/PROGRAM TITLE: TB Clinical Services - Case management

PROJECT/PROGRAM YEAR: 1/1/10 - 12/31/2010

CONTACT PERSON: Irmine Reitl, x8555

NUMBER OF POSITIONS		LINE DESCRIPTION	PAY RANGE/ UNITS	GRANTOR SHARE	IN-KIND SHARE	CASH MATCH A/C #	TOTAL
NEW	EXISTING						
		<b>PERSONNEL COSTS</b>					
	1	Communicable Disease Specialist (X)(F)(AA)	530	\$12,735			\$12,735
		<b>TOTAL PERSONNEL COSTS</b>		\$12,735			\$12,735
		<b>FRINGE BENEFITS</b>					
		Fringe Benefit (41%)		\$5,220			\$5,220
		<b>TOTAL FRINGE BENEFITS</b>		\$5,220			\$5,220
		<b>OPERATING EXPENDITURES</b>					
		<b>TOTAL OPERATING EXPENDITURES</b>					
		<b>EQUIPMENT</b>					
		<b>TOTAL EQUIPMENT</b>					
		<b>INDIRECT COSTS</b>					
		<b>TOTAL INDIRECT COSTS</b>					
	1	<b>TOTAL COSTS</b>		\$17,955			\$17,955