

## 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:** Congenital Disorders (GR3800723000)  
**CONTACT PERSON:** Erica Olivier - Deputy Commissioner x8018

**PROJECT/PROGRAM YEAR:** 2023-2024  
**DEPT:** HEALTH

NUMBER OF POSITIONS		LINE DESCRIPTION	FTE	PAY RANGE	GRANTOR SHARE	IN-KIND & CITY SHARE	CASH MATCH AC#	TOTAL
NEW	EXISTING							
		<b>PERSONNEL COSTS (TOTAL 1.0 FTE)</b>						
	1	Public Health Nurse - Senior (St. Pierre)	1.00	2GN	81,845			\$81,845
		<b>TOTAL PERSONNEL COSTS</b>			\$81,845			\$81,845
		<b>FRINGE BENEFITS (2023 @ 51.8%)</b>			42,428			\$42,428
		<b>TOTAL FRINGE BENEFITS</b>			\$42,428			\$42,428
		<b>OPERATING EXPENDITURES</b>						
		Outreach Materials			500			\$500
		Training/Travel: APHL Newborn Screening Symposium			10,000			\$10,000
		Mileage			740			\$740
		Client Incentives			800			\$800
		Nursing & Office Supplies			4,113			\$4,113
		PC			1,000			\$1,000
		Wireless			600			\$600
		<b>TOTAL OPERATING EXPENDITURES</b>			\$17,753			\$17,753
		<b>EQUIPMENT</b>						

PROJECT/PROGRAM TITLE: **Congenital Disorders (GR3800723000)**

PROJECT/PROGRAM YEAR: **2023-2024**

CONTACT PERSON: **Erica Olivier - Deputy Commissioner x8018**

DEPT: **HEALTH**

NUMBER OF POSITIONS		LINE DESCRIPTION	FTE	PAY RANGE	GRANTOR SHARE			TOTAL
NEW	EXISTING					IN-KIND & CITY SHARE	CASH MATCH AC#	
		<b>TOTAL EQUIPMENT</b>						
		<b>INDIRECT COSTS</b>						
		<b>TOTAL INDIRECT COSTS</b>						
	<b>1</b>	<b>TOTAL POSITIONS / FTE / COSTS</b>	1.00		<b>\$142,026</b>			<b>\$142,026</b>