

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 in Column J into the inserted rows. Make sure to check the formulas to ensure they are calculating the numbers correctly.*

PROJECT/PROGRAM TITLE: Immunization Action Plan (IAP) Grant
CONTACT PERSON: Lindsey Page, x5789

PROJECT/PROGRAM YEAR: 2026/2027
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 .8 FTE)						
	1	Office Assistant III, Dunn	0.20	6FN	9,246			\$9,246
	1	Public Health Nurse Leader, Luna-Vargas	0.20	2GN	16,875			\$16,875
	1	Public Health Nurse Leader, Johnsen	0.20	2GN	17,188			\$17,188
	1	Public Health Nurse Supervisor	0.20	2GN	17,092			\$17,092
		TOTAL PERSONNEL COSTS			\$60,401			\$60,401
		FRINGE BENEFITS (2026 @ 52.2%)			31,759			\$31,759
		TOTAL FRINGE BENEFITS			\$31,759			\$31,759
		OPERATING EXPENDITURES						
		Cell phones			1,000			\$1,000
		Interpretation Services			8,187			\$8,187
		TOTAL OPERATING EXPENDITURES			\$9,187			\$9,187
		EQUIPMENT						
		TOTAL EQUIPMENT						
		INDIRECT COSTS						
		TOTAL INDIRECT COSTS						

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NEW	EXISTING					IN-KIND & CITY SHARE	CASH MATCH AC#	
	4	TOTAL POSITIONS / FTE / COSTS	0.80		\$101,347			\$101,347