

# 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: GMF CARITA B URBAN FUND  
 CONTACT PERSON: KUDAVET SALAS X6673

PROJECT/PROGRAM YEAR: 2026  
 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 0.0 FTE)						
		TOTAL PERSONNEL COSTS						
		FRINGE BENEFITS (2025 @ 46.75%)						
		TOTAL FRINGE BENEFITS						
		OPERATING EXPENDITURES						
		Temp Staff			13,000			\$13,000
		Training			1,000			\$1,000
		Program Supplies			1,000			\$1,000
		Promotional Items			1,990			\$1,990
		Courier Service			1,000			\$1,000
		Marketing			2,000			\$2,000
		Community Events			1,000			\$1,000
		TOTAL OPERATING EXPENDITURES			\$20,990			\$20,990
		EQUIPMENT						
		TOTAL EQUIPMENT						
		INDIRECT COSTS						
		TOTAL INDIRECT COSTS						
		TOTAL POSITIONS / FTE / COSTS			\$20,990			\$20,990