

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.

Congenital Disorders GR36007 19000

PROJECT/PROGRAM TITLE: _____

PROJECT/PROGRAM YEAR: 2019-2020

CONTACT PERSON: Robyn Hicks x8112 Becky Rowland x 6621

NUMBER OF POSITIONS		LINE DESCRIPTION	PAY RANGE/ UNITS	GRANTOR SHARE	IN-KIND SHARE	CASH MATCH A/C #	TOTAL
NEW	EXISTING						
		PERSONNEL COSTS					
	1	Ka Vang, RN (0.70)	2GN	\$35,995			\$35,995
	1	Robyn Hicks, RN (0.73)	1EX	\$55,249			\$55,249
		TOTAL PERSONNEL COSTS		\$91,244			\$91,244
		FRINGE BENEFITS					
		0.46		\$42,657			\$42,657
		TOTAL FRINGE BENEFITS		\$42,657			\$42,657
		OPERATING EXPENDITURES					
		TOTAL OPERATING EXPENDITURES					
		travel and training					
		EQUIPMENT					
		Program supplies		\$5,615			\$5,615
		TOTAL EQUIPMENT		\$5,615			\$5,615
		INDIRECT COSTS					
		TOTAL INDIRECT COSTS		\$2,510			\$2,510
	2	TOTAL COSTS		\$142,026			\$142,026