

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

PROJECT/PROGRAM TITLE: WI WellWoman 2024-2025 (GR3801024000)
CONTACT PERSON: Dominique Hyatt-Oates x8891

PROJECT/PROGRAM YEAR: 2024-2025
DEPT: HEALTH

NUMBER OF POSITIONS		LINE DESCRIPTION	FTE	PAY RANGE	GRANTOR SHARE	IN-KIND & CITY SHARE	CASH MATCH AC#	TOTAL
NEW	EXISTING							
		PERSONNEL COSTS (TOTAL 4.0 FTE)						
	1	Medical Assistant (M. Piceno, 100%)	1.00	5CN	52,523			\$52,523
	1	Public Health Nurse-Senior (W. Provost, 100%)	1.00	2KN	90,320			\$90,320
	1	WW Program Manager (D. Hyatt-Oates, 100%)	1.00	1GX	96,743			\$96,743
	1	Program Assistant III (Vacant, 100%)	1.00	5JN	60,973			\$60,973
		TOTAL PERSONNEL COSTS			\$300,559			\$300,559
		FRINGE BENEFITS (2024 @ 52.58%)			158,034			\$158,034
		TOTAL FRINGE BENEFITS			\$158,034			\$158,034
		OPERATING EXPENDITURES						
		Training			2,000			\$2,000
		Tech support			5,000			\$5,000
		Taxi			1,000			\$1,000
		Cell Phone			1,000			\$1,000
		Postage/shipping			5,407			\$5,407
		Office/program supplies			2,000			\$2,000
		Marketing			5,000			\$5,000
		DPW			10,000			\$10,000
		TOTAL OPERATING EXPENDITURES			\$31,407			\$31,407

PROJECT/PROGRAM TITLE: **WI WellWoman 2024-2025 (GR3801024000)**

PROJECT/PROGRAM YEAR: **2024-2025**

CONTACT PERSON: **Dominique Hyatt-Oates x8891**

DEPT: **HEALTH**

NUMBER OF POSITIONS		LINE DESCRIPTION	FTE	PAY RANGE	GRANTOR SHARE	IN-KIND & CITY SHARE	CASH MATCH AC#	TOTAL
NEW	EXISTING							
		EQUIPMENT						
		TOTAL EQUIPMENT						
		INDIRECT COSTS						
		TOTAL INDIRECT COSTS						
	4	TOTAL POSITIONS / FTE / COSTS	4.00		\$490,000			\$490,000