

## 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:** COVID Immunizations (GR3807021000 - Amended)  
**CONTACT PERSON:** Lindsey Page/x5789

**PROJECT/PROGRAM YEAR:** 2021-25  
**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 1.2 FTE)</b>						
	1	PHN Coordinator (Weidensee, 50%)	0.20	2GN	\$136,239			<b>\$136,239</b>
	1	PHN Supervisor (Durkes, 50%)	0.50	1EX	236,078			<b>\$236,078</b>
	1	Program Assistant III (Vacant, 50%)	0.50	5FN	39,500			<b>\$39,500</b>
		<b>TOTAL PERSONNEL COSTS</b>			<b>\$411,817</b>			<b>\$411,817</b>
		<b>FRINGE BENEFITS (2024 @ 52.58%)</b>			216,533			<b>\$216,533</b>
		<b>TOTAL FRINGE BENEFITS</b>			<b>\$216,533</b>			<b>\$216,533</b>
		<b>OPERATING EXPENDITURES</b>						
		Contracted temp staff			35,000			<b>\$35,000</b>
		Marketing Campaign			13,680			<b>\$13,680</b>
		Vaccines			310,470			<b>\$310,470</b>
		Vaccination Supplies			10,000			<b>\$10,000</b>

PROJECT/PROGRAM TITLE: **COVID Immunizations (GR3807021000 - Amended)**

PROJECT/PROGRAM YEAR: **2021-25**

CONTACT PERSON: **Lindsey Page/x5789**

DEPT: **HEALTH**

NUMBER OF POSITIONS		LINE DESCRIPTION	FTE	PAY RANGE	GRANTOR SHARE	IN-KIND & CITY SHARE	CASH MATCH AC#	TOTAL
NEW	EXISTING							
		<b>TOTAL OPERATING EXPENDITURES</b>			<b>\$369,150</b>			<b>\$369,150</b>
		<b>EQUIPMENT</b>						
		<b>TOTAL EQUIPMENT</b>						
		<b>INDIRECT COSTS</b>						
		<b>TOTAL INDIRECT COSTS</b>						
	<b>3</b>	<b>TOTAL POSITIONS / FTE / COSTS</b>	<b>1.20</b>		<b>\$997,500</b>			<b>\$997,500</b>