

# CITY OF MILWAUKEE OPERATING GRANT BUDGET

INSTRUCTIONS: **Fill in all RED text**, and convert to **BLACK**. **Delete red items and blank rows 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: Breastfeeding Peer Counseling Grant (GR3801126400 )  
 CONTACT PERSON: [Sarah DeSmidt] \ [6732]

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#	
		<b>PERSONNEL COSTS (TOTAL .15 FTE)</b>						
	1	Health Project Supervisor (Gonawa Ramos, 15%)	0.15		12,066			\$12,066
		<b>TOTAL PERSONNEL COSTS</b>			<b>\$12,066</b>			<b>\$12,066</b>
		<b>FRINGE BENEFITS (2026 @ 52.20%)</b>			6,298			\$6,298
		<b>TOTAL FRINGE BENEFITS</b>			<b>\$6,298</b>			<b>\$6,298</b>
		<b>OPERATING EXPENDITURES</b>						
		Contract Services (temp staff, interpreters, etc)			88,000			\$88,000
		Supplies			1,700			\$1,700
		Cell Phone			1,631			\$1,631
		Travel and Training			375			\$375
		<b>TOTAL OPERATING EXPENDITURES</b>			<b>\$91,706</b>			<b>\$91,706</b>
		<b>EQUIPMENT</b>						
		<b>TOTAL EQUIPMENT</b>						
		<b>INDIRECT COSTS</b>						
		<b>TOTAL INDIRECT COSTS</b>						
	<b>1</b>	<b>TOTAL POSITIONS / FTE / COSTS</b>	<b>0.15</b>		<b>\$110,070</b>			<b>\$110,070</b>