

# 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:** Immunization Action Plan (IAP) Grant

**PROJECT/PROGRAM YEAR:** 2025

**CONTACT PERSON:** Lindsey Page, x5789

**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 2.1 FTE)</b>						
	1	Office Assistant III, Dunn	0.50	6FN	21,288			\$21,288
	1	Public Health Nurse Coordinator, Luna-Vargas	0.50	2GN	45,522			\$45,522
	1	Public Health Nurse Coordinator, Johnsen	0.50	2GN	46,365			\$46,365
	1	Public Health Nurse Coordinator, Weidensee	0.60	2GN	56,972			\$56,972
		<b>TOTAL PERSONNEL COSTS</b>			\$170,147			\$170,147
		<b>FRINGE BENEFITS (2025 @ 46.75%)</b>			79,544			\$79,544
		<b>TOTAL FRINGE BENEFITS</b>			\$79,544			\$79,544
		<b>OPERATING EXPENDITURES</b>						
		Imms marketing campaign			9,919			\$9,919
		<b>TOTAL OPERATING EXPENDITURES</b>			\$9,919			\$9,919
		<b>EQUIPMENT</b>						
		<b>TOTAL EQUIPMENT</b>						
		<b>INDIRECT COSTS</b>						
		<b>TOTAL INDIRECT COSTS</b>						

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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#	
	4	TOTAL POSITIONS / FTE / COSTS	2.10		\$259,610			\$259,610