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: Breastfeeding Peer Counseling Grant (GR3801125400)

PROJECT/PROGRAM YEAR: **2025**

CONTACT PERSON: **[Sarah DeSmidt]** \ [6732]

DEPT: **HEALTH**

NUMBER OF POSITIONS						[MHD PGM CODE]	[MHD PGM CODE]	
NEW	EXISTING	LINE DESCRIPTION	FTE	PAY RANGE	GRANTOR SHARE	IN-KIND & CITY SHARE	CASH MATCH AC#	**TOTAL**
		PERSONNEL COSTS (TOTAL .15 FTE)						
	1	[Health Project Supervisor] (Gonwa Ramos)	0.15		13,544			**$13,544**
		TOTAL PERSONNEL COSTS			**$13,544**			**$13,544**
		FRINGE BENEFITS (2024 @ 46.75%)			6,332			**$6,332**
		TOTAL FRINGE BENEFITS			**$6,332**			**$6,332**
		OPERATING EXPENDITURES						
		Contract services (temp staff, interpreters, etc.) - 634001			98,800			**$98,800**
		Admin Office Supplies 630101			5,014			**$5,014**
		Internet/Telephone 635002			1,000			**$1,000**
		Travel and Training-636501			500			**$500**
		TOTAL OPERATING EXPENDITURES			**$105,314**			**$105,314**
		EQUIPMENT						
		TOTAL EQUIPMENT						
		INDIRECT COSTS						
		TOTAL INDIRECT COSTS						
	1	**TOTAL POSITIONS / FTE / COSTS**	**0.15**		**$125,190**			**$125,190**

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PROJECT/PROGRAM YEAR: 2025

CONTACT PERSON: **[Sarah DeSmidt]** \ [6732]

DEPT: HEALTH

NUMBER OF POSITIONS						[MHD PGM CODE]	[MHD PGM CODE]	
NEW	EXISTING	LINE DESCRIPTION	FTE	PAY RANGE	GRANTOR SHARE	IN-KIND & CITY SHARE	CASH MATCH AC#	**TOTAL**