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				07.11707	[MHD PGM CODE]	[MHD PGM CODE]	
NEW	EXISTING	LINE DESCRIPTION	FTE	PAY RANGE	GRANTOR SHARE	IN-KIND & CITY SHARE	CASH MATCH AC#	TOTAL
INEVV	EXISTING	PERSONNEL COSTS (TOTAL .15 FTE)		RANGE	SHARE	CITY SHARE	AC#	IOIAL
	 							
	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						
					98,800			\$98,800
		Contract services (temp staff, interpreters, etc.) - 634001						
		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						
		INDINCEST COSTS						
		TOTAL INDIDECT COOTS						
		TOTAL INDIRECT COSTS						
	1	TOTAL POSITIONS / FTE / COSTS	0.15		\$125,190			\$125,190

PROJECT/PROGRAM TITLE: Breastfeeding Peer Counseling Grant (GR3801125400) PROJECT/PROGRAM YEAR: 2025

CONTACT PERSON: [Sarah DeSmidt] \ [6732]

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