

**Milwaukee AIDS Initiative
City of Milwaukee Health Department**

**Milwaukee LGBT Community Center
Project Q YMSM HIV Prevention Proposal**

I. Need Statement

Target Population

Young men in Milwaukee who have sex with men (YMSM) are in many ways at the epicenter of the AIDS epidemic in Wisconsin. In Wisconsin, 60.5% of AIDS cases have been among men who have had sex with men (MSM).¹ Another 7% of AIDS cases involve MSM who have injected drugs. The Centers for Disease Control and Prevention estimates that at least one half of all persons with HIV were infected before they turned 25.² Geographically, more than half of Wisconsin's AIDS cases have been reported by the Milwaukee MSA.³ Unfortunately for YMSM, the State of Wisconsin Comprehensive HIV Prevention Plan 2002 reports that funders of HIV prevention services shortchange MSM prevention, especially when funding is evaluated in proportion to the HIV infections reported by other risk categories.⁴ The funding disparity is of course related to social hostilities toward gay people. HIV infection also disproportionately affects racial and ethnic minorities in Wisconsin, with 38.6% of people currently living with HIV being African American, and 8.8% being Hispanic.⁵ This trend is increasing. In 2000, 57% of reported HIV infections were among minorities who constitute only 10% of the population.⁶

Project Q, the youth development and HIV prevention program of the Milwaukee LGBT Community Center serves these high risk young men who have sex with men, which are the target population for this HIV prevention initiative. Additionally, because Project Q serves young women as well as men, a secondary target population will benefit -- young women at risk through heterosexual contact with high risk populations.

¹ Wisconsin Comprehensive HIV Prevention Plan 2002, State of Wisconsin, p 22

² Ibid, p 22

³ Ibid, p 27

⁴ Ibid, p 45

⁵ Ibid, p 26

⁶ Ibid, p 25

Population Served by Project Q

This same homophobia that directs resource allocation in HIV prevention is manifest in numerous other ways to the young men who use Project Q and identify as gay or bisexual or are questioning their identity. According to the *American Journal of Public Health*, young LGBT individuals are at increased risk of not only HIV infection, but also school dropout, interactions with the juvenile justice system, alcohol and other drug problems, and suicide. However, the same study found that all these health indicators can be improved with positive peer and adult support.⁷

With HIV prevention always central to its mission, Project Q was formed in 1999 to provide this positive peer and adult support. Project Q is a youth-run empowerment program directed at young gay men, lesbians, bisexuals and transgender (LGBT) and questioning youth ages 14 - 24. In 2002, Project Q outreach efforts reached approximately 2,500 youth through community education and outreach efforts and 600 LGBTQ youth through drop-in center programs and activities. Of the 600 youth accessing Project Q programs, about 60 require intensive services to address issues that include high risk behaviors, alcohol and/or drug dependencies, homelessness, school drop-out, interaction with the criminal justice system, depression and social isolation. Fifty percent of Project Q youth are African American, 10% Hispanic, 38% white and 2% of other races. Fifty-five percent are between the ages of 14 - 18 and 45% between the ages of 18-24. Eight-five percent (85%) of youth accessing Project Q would be categorized as living independently or with families at a very low income. Project Q directs its energies primarily toward youth at high risk for contracting HIV, becoming homeless, interacting with the criminal justice system, experiencing depression, and/or considering suicide.

II. Intervention Strategy

Project Q employs multiple interventions to keep youth participants free of HIV and other STIs.

- Providing an HIV Prevention Case Management risk assessment for approximately 60 youth and ongoing prevention case management services for 30 of these youth at highest risk for HIV.

⁷ American Journal of Public Health (6/01)

- Conducting outreach intervention efforts into environments frequented by LGBTQ youth, with an emphasis on reaching youth of color. Project Q reaches nearly 2,500 youth each year with its outreach message.
- Providing individual level interventions with HIV risk reduction training for youth, including training HIV Peer Counselors and Educators (PCE's).
- Providing group level interventions with twice-yearly HIV Prevention Modules.

Project Q has also worked to ensure the availability of confidential HIV and STI testing from providers knowledgeable and sensitive to youth issues. Project Q has trained and integrated "adult allies" (adult volunteers) to provide positive role modeling and re-enforcement of reduced risk behaviors. Operating Wisconsin's only safe space for LGBT youth, Project Q also provides easy access to safer sex materials, including condoms and youth-specific HIV prevention brochures.

The Milwaukee LGBT Community Center is seeking Milwaukee AIDS Initiative Funding to expand three HIV prevention intervention initiatives of Project Q.

Prevention Case Management – Full time Youth Prevention Case Manager

Since securing Milwaukee AIDS Initiative funding (through a subcontract with the AIDS Resource Center of Wisconsin), the LGBT Center's Project Q has employed a youth Prevention Case Manager. A direct relationship with the City will allow us to continue prevention case management (PCM) services to youth at very high risk of contracting HIV on a more cost-effective basis. It will also enable us to expand other HIV prevention services.

Studies have shown the effectiveness of prevention case management in preventing HIV infection, in part because prevention case management helps the client feel greater control over his or her life, including behaviors that put one at risk for HIV infection.⁸

Participants for prevention case management are recruited from participants of the Project Q youth drop-in safe space and from youth referred by other youth serving organizations. Upon

their first visit, each youth who visits Project Q undergoes a basic intake process. In some cases, youth clearly present as a good candidate for case management services at intake. More often, however, the prevention case manager, sometimes with the help of the Project Q program manager, youth leaders, and trained adult allies, identifies PCM candidates after the youth has visited Project Q several times and has developed trust in Project Q staff and in the overall goals of the program. The prevention case manager meets with youth in need of PCM on a confidential, private one-on-one meeting. The benefits and responsibilities of PCM are discussed, and if the participant agrees that participation is beneficial, a written case plan is developed identifying mutually set goals. At this PCM intake, barriers to a healthy life, including HIV risk behaviors, are identified. Repeated one-on-one contact continues at least once-a-month and often much more frequently.

Because the objectives of behavior change are those set by the youth, self-motivation is the primary goal. Often the prevention case manager's caring attention and positive role modeling is a secondary motivator, as many of these high-risk youth are starved of trusted, positive adult attention.

Individual Intervention – Peer Counselor and Educators (PCE) Program

Project Q also provides individual level interventions to youth who participate regularly in Project Q safe space activities. These services are provided by the prevention case manager, the Project Q Program Manager, and trained Peer Counselors and Educators (PCE). PCE youth are youth recruited from Project Q who have been trained about HIV prevention, including effective ways to encourage peers to adopt safer HIV-related behaviors. Specifically, PCE youth are recruited from Project Q HIV Prevention Modules, (see below) which is a four week multi-session group level intervention teaching HIV risk reduction strategies. Successful candidates are then trained to reach other youth with HIV individual interventions in a confidential and non-judgmental way. Individual level interventions like the PCE program have scientific basis.⁹

⁸ Stall RD, Coates TJ, Hoff C. Behavior risk reduction for HIV infection among gay and bisexual men. *Am Psychol* 1988; 43:878-85. Kelly JA. *Changing HIV Risk Behaviors: Practical Strategies*. New York (NY): The Guilford Press; 1995.

⁹ Hotgrave DR, Qualls NL, Curran JW, Valdiserri RO, et al. An overview of the effectiveness and efficiency of HIV Prevention programs. *Public Health Reports* 1995 March – April; 110(2): 134. © U.S. Department of Health & Human Services 1995.

Individual level interventions happen frequently and organically in Project Q, where programming is offered six nights a week and large drop-in activities are offered three nights each week.

Group Level Intervention – HIV Prevention Modules

Project Q's safe space drop-in center functions as a large, open group level intervention, with youth regularly receiving positive peer and adult support with every visit. However, Project Q also provides a much more explicit, targeted HIV group level intervention with its twice-yearly HIV Prevention Modules. These are four week multi-session group level interventions conducted by PCE youth and professional staff from agencies like Planned Parenthood, Pathfinders/Counseling Center, and 16th Street Community Health Center. Youth for the modules are recruited from safe space participants. Incentives for participation include free food and door prizes, as well as a fun, interactive environment. Group level interventions of this type are ideal for youth, whose values are often strongly influenced by their peer group. Youth are also developing norms for the first time about HIV risk behaviors like sexual activity and drug use. The efficacy of group level interventions has been demonstrated in the literature.¹⁰

III. Project Goals, Objectives and Program Activities

A. Overall Goals: Project Q, a youth-run program of the Milwaukee LGBT Community Center, was established to provide a safe and supportive space for lesbian, gay, bisexual, transgender and questioning youth ages 14-24. Since its inception, a primary objective of Project Q has been to provide program participants with the support and tools they need to help them make decisions and choices that improve the quality of their lives. Adopting a holistic approach to risk reduction/prevention, Project Q has provided youth with access to supportive services, information about issues and topics that directly impact on their lives and leadership/skills building opportunities. HIV Prevention, particularly with high risk populations such as YMSM, has always been a core component of programming.

B. Programmatic and Behavioral Objectives include:

¹⁰ Rotheram-Borus, et al. JAMA 1991; 266. Magura, et al. Journal of Adolescent Health 1994:15.

- Providing HIV Prevention Case Management services for youth at highest risk for HIV to assist them in reducing risk behaviors, connecting with appropriate community resources and in making healthy decisions;
- Providing Peer Counselor Educator (PCE) training and ongoing maintenance to prepare PCEs to provide ongoing HIV risk reduction messages to their peers;
- Developing and implementing HIV Prevention Modules to provide youth with information and skills building opportunities;
- Expanding risk reduction programming to provide specific outreach and services to young lesbian and bisexual women by identifying and addressing HIV risk factors for this population;
- Providing easy access to safer sex materials including condoms and youth-specific HIV prevention brochures, fact sheets and other printed materials;
- Ensuring the availability of HIV and STI testing from providers knowledgeable and sensitive to youth issues through collaborations with Planned Parenthood of Wisconsin-OutCare Clinic and ARCW;
- Conducting outreach efforts into environments frequented by LGBTQ youth with an emphasis on reaching youth of color to convey HIV prevention messages and participation in Project Q programming and services;
- Providing a drop-in center that includes a support group room, youth resource center, lounge area and youth library and offering a broad array of social and support opportunities;
- Training and integrating adult allies into Project Q drop-ins and activities to provide role modeling, mentoring and reinforcement of risk reduction messages;
- Working with PFLAG (Parents and Friends of Lesbians and Gays) Collaborative to provide training/consultation to teachers and other school staff; assist Gay Straight Alliances (GSA) in area high schools and organize and implement an annual GSA Conference.

C. Implementation Strategies and Program Activities:

Prevention Case Management Intervention - *Prevention Case Management* services are provided by a full-time Prevention Case Manager who works with youth to address issues that

increase the likelihood that youth will contract HIV such as engaging in high risk sexual behaviors, alcohol and/or other drug use; homelessness, school drop-out or truancy, interaction with the criminal justice system, depression and social isolation;

The HIV Prevention Case Manager works with youth to address these and other risk factors by:

- 1) Conducting comprehensive assessments of risk behaviors of individual youth (60/year);
- 2) Providing intensive support to youth including developing individualized case plans, negotiating behavioral agreements to reduce risk behaviors and making referrals to appropriate services in the broader community (25/year);
- 3) Providing one-on-one intervention services to youth through interactions at drop-ins, special events and social/recreational activities (150/year),
- 4) Providing youth receiving PCM services with prevention education and risk reduction information along with encouragement to participate in other Project Q/community programming;
- 5) Facilitating monthly staffings involving youth program staff to discuss progress on care plans, develop strategies to work more effectively with PCM youth, and to identify potential other youth in need of PCM services/intervention;
- 6) Maintaining contact with and accepting referrals from other Milwaukee YMSM youth groups, youth serving organizations and schools as appropriate
- 7) Maintaining progress notes and records of interactions with PCM clients and youth receiving one-on-one intervention including documenting goals set, behavior modification agreements, risk reduction information conveyed, and referrals given.
- 8) Organizing intensive programming specifically for young women including a leadership initiative and empowerment conference focusing on leadership skills development; health and wellness; sexuality information (50/year).

Individual Level Intervention - *Peer Counselor Educator PCE program* provides youth with training and support to enable them to help their peers avoid high risk behaviors. Management of the PCE program is the responsibility of the Youth Program's Manager.

Ten (10) youth receive PCE training each year. Training components include developing cultural competency; understanding the basics of human sexuality; essentials of group facilitation; and confronting heterosexism and homophobia. After completing training, Peer Counselor Educators are expected to assist Project Q staff with implementing drop-in activities and to reinforce risk reduction messages as part of their interactions with their peers in social environments;

In addition, PCE's assist with city-wide outreach efforts in venues where youth congregate by distributing information regarding Project Q programming and services, safer sex and risk reduction materials; and information about other youth services. Finally, they assist with organizing semi-annual HIV/Wellness Prevention Modules and with facilitating youth support groups..

Group Level Intervention - *Support Groups* for youth ages 14-17; youth ages 18-24; and youth of color are facilitated by the Prevention Case Manager with assistance from PCE's. Each group meets once a month to address topics for discussion and support and to address issues such as identifying high risk behaviors and appropriate risk reduction skills; basic information on HIV/AIDS and other STIs; sexuality including sexual identity/orientation; and youth concerns related to harassment, sexual exploitation and abuse and self-protective behaviors.

Group Level Intervention - *HIV/Wellness Modules* are offered semi-annually. Each module includes four 2 ½ hour sessions on the following topics:

- HIV/STI 101 including the when, where, how and why of HIV testing.
- Body Image/Self Esteem and their relationship to risky behaviors.
- Sexual Identity/Orientation/Behavior.
- Communication including negotiating safer sex behaviors and identifying sexual exploitation.

Sessions are facilitated by professional staff from organizations such as 16th Street Community Health Center, Pathfinders for Runaways, Planned Parenthood of Wisconsin and ARCW who meet with Project Q staff to develop both format and content of presentations. Modules are co-facilitated by youth Peer Counselor and Educators.

Group Level Intervention - Drop-In: Offered three times a week and staffed by Project Q staff members, Adult Allies and Youth Advisory Board members. A holistic approach to HIV prevention involves working with youth at many levels including providing opportunities for positive social/recreational interactions in a safe and nurturing environment. Drop-in activities, therefore, include discussion group; speakers on a variety of topics; fitness activities such as kickball and walking tours; and arts/crafts. Drop-ins also provide opportunities for the Prevention Case Manager, Youth Program's Manager and Peer Counselor Educators to develop relationships with youth that enable youth to build trusting relationships and to feel comfortable asking questions; talking openly about their lives, problems and concerns; and receiving feedback, guidance and direction.

IV. Evaluation:

Prevention Case Management Program will be evaluated through:

1. Tracking number of youth receiving services:
 - a. clients (25/year)
 - b. one-on-one intervention (150/year)
 - c. participants in young women's programming (50/year)
2. Maintaining and reviewing progress notes on a monthly basis to identify;
 - a. number of youth attending school
 - b. number of youth working
 - c. number of youth in safe living situations
 - d. number of youth reporting reduction in risk behaviors
 - e. number of youth making progress towards achieving goals
3. Tracking number and type of referrals made to other organizations, agencies and groups;
4. Tracking contacts with youth serving organizations and schools and referrals received.

Peer Counselor Educator Program:

1. Number of youth completing training (10/year)
2. Number of PCE's actively participating in drop-in and outreach activities (12/year)
3. Youth complete written evaluations of training (80%)
4. Administering BRAT at beginning of training and six months later (80% will complete both).

HIV Modules:

1. Number of youth attending (20 per module)
2. Results from pre- and post-tests (80% will score higher on post test)
3. Administering BRAT at beginning of modules and six months later (75% will complete both)

Drop-ins:

- a. Number of youth served.
- b. Demographics of youth participating in drop-in activities
- c. Compiling list of activities offered.
- d. Number of youth referred to HIV and STI testing providers.

Adult Allies:

- a. Number of adults trained as allies
- b. Feedback and evaluations post-training and at quarterly meetings
- c. Consistent coverage of drop-in shifts.

Center staff will use the information gathered in the evaluation process to measure our success in reaching youth, particularly youth in the target populations, and in successfully conveying prevention/risk reduction messages. Results from evaluations, pre/post tests and the BRAT as well as PCM records will help us to evaluate both increased knowledge/understanding of specific topics and the degree to which youth decrease their risk behaviors and increase risk reduction behaviors. Studying this information will also assist us in revising trainings and presentations to better meet the needs of youth and adults involved with Project Q.

V. Community Sensitivity, Involvement and Support

Youth Involvement in Program and Evaluation

Community input has been central to both the Milwaukee LGBT Community Center and its Project Q youth program since its inception. The LGBT Center was formed after extensive surveying and focus groups in the community indicated both the need and the support for a social service agency directed to the unique needs of lesbians, gays, bisexuals and transgender people. The LGBT Center membership elects half of the governing Board of Directors and votes on LGBT Center issues at annual meetings. The broad community support for the LGBT Center is demonstrated by its rapid growth in just four years from a \$40,000 volunteer-run start-up to a \$440,000 agency with eight professional staff, 500 members, and 125 volunteers. The LGBT Center is home to 13 LGBT and allied organizations, and hosted more than 750 community group meetings in 2001.

Project Q was founded by youth for youth. The program is advised by a diverse 15-member Youth Advisory Board recruited from Project Q participants. Both Kurt Dyer, Program Manager, and a Youth Advisory Board member were appointed to serve on the State HIV Prevention Planning Council, which sets priorities for HIV programming. Youth leadership in HIV programming is extensive in other ways. Project Q youth leaders co-facilitate support groups and the HIV Prevention Modules. After each HIV Prevention Modules, youth participants complete questionnaires seeking feedback on the presentations. Project Q Peer Counselors and Educators deliver individual one-on-one HIV prevention interactions to other youth. Youth staff are young people themselves and understand the norms and values of the target population. Project Q young women organize many aspects of the Young Women's Leadership Initiative, which includes an annual leadership conference and volunteer leadership opportunities at allied organizations.

Agency Collaboration

The LGBT Center's Project Q program is recognized for its unique ability in gathering young LGBT people to its positive, supportive safe space. This expertise in attracting hard-to-reach high risk youth has been recognized by other agencies like the AIDS Resource Center of Wisconsin, Medical College of Wisconsin Center for AIDS Intervention Research (CAIR), and Diverse & Resilient (a capacity-building agency), which have recognized Project Q's leadership by locating offices at the LGBT Center.

Project Q has sought out unfunded collaborations with other agencies in order to eliminate duplicated services and better serve youth. These include:

- Counseling Center of Milwaukee Pathfinders Program – Accepts referrals of Project Q youth for mental health services and emergency housing. Pathfinders also leads a session on body image and self esteem's relationship to risky behaviors and co-teaches another session on negotiating safer sex as part of the HIV Prevention Modules.
- 16th Street Community Health Center provides a trainer on HIV biology basics and HIV testing for the HIV modules.

- Planned Parenthood of Wisconsin operates OutCare, a sexual health clinic located at the LGBT Center that provides annual exams, STI diagnosis and treatment, and HIV counseling and testing. OutCare is able to serve youth at no cost and others on a sliding scale. Planned Parenthood also provides a trainer on negotiating safer sex and identifying sexual exploitation.
- The AIDS Resource Center of Wisconsin provides a trainer for the HIV modules and operates a satellite office at the LGBT Center.

VI. Applicant Description

Mission

The Mission of the Milwaukee LGBT Community is to improve the quality of life for lesbian, gay, bisexual and transgender (LGBT) people living in the Metro Milwaukee area. To achieve this mission, the Center focuses its resources on:

- Supporting LGBT community development by providing a home (office and meeting space), access to shared resources and technical support to over 40 of the city's diverse LGBT groups and organizations.
- Initiating, implementing and advocating for programs and services that meet the needs of the LGBT community including the establishment of Project Q as a youth drop-in social services center, an information and referral phone line, the Lesbian Cancer Project, and a Young Women's Leadership-Building track.
- Serving as an anchor organization for the State AIDS/HIV Program's "Circle of Friends" HIV prevention initiative targeting African-American men who have sex with men. The LGBT Center has a lead role in encouraging the target population to get tested for HIV.
- Educating the public about the lives of LGBT people to encourage positive change in systems. Offerings include monthly lecture series, library, comprehensive web page, speakers bureau/community education program and increased media visibility.
- Empowering our individuals to achieve their fullest potential through public policy advocacy that seeks to eliminate barriers to equality.
- Cultivating a culture of diversity and inclusion in all phases of the project.

Agency Start, Size, and Relevant Expertise

The Milwaukee LGBT Community Center incorporated as a 501 (c) (3) organization in 1997 and commenced operation in November 1998. LGBT Center staff currently consist of six regular full time employees (2 ½ working on Project Q), a Public Allies Youth Apprentice, and a full-time temporary project manager. The agency had a budget of \$320,000 in the last completed fiscal year ending December 31, 2001; and is currently operating with a \$440,000 budget in 2002.

The LGBT Center's Project Q program is uniquely able to provide HIV prevention to high risk young men who have sex with men. Project Q is the only LGBT drop-in center in Wisconsin and is recognized for its singular ability to deliver HIV prevention interventions to high-risk young men who have sex with men, particularly YMSM of color. HIV programming has been central to Project Q since its inception in 1999.

Project Q drop-in services are provided to 600 youth each year. About 65% of these youth are youth of color and about 65% are male. No other youth serving organization in Wisconsin reaches this number of self-identified YMSM. Funders of HIV services recognized early on Project Q's ability to save young lives with prevention messages, with the Wisconsin AIDS Fund of the Milwaukee Foundation and Diverse & Resilient making awards soon after the program's inception. The Milwaukee LGBT Community Center's ability to bring people together to deliver quality HIV prevention was recognized by the State of Wisconsin's AIDS/HIV Program when it sought out the LGBT Center as the anchor organization in the "Circle of Friends" African American adult MSM prevention & testing program.

Project Q youth staff are recognized leaders in LGBT youth service. Ita Meno, Prevention Case Manager, has provided PCM services since April 2000 through a Milwaukee AIDS Initiative-funded subcontract with ARCW. Meno is a graduate of Marquette University and was recently awarded "Young Leader of the Year" by the Rainbow Alliance for Youth (RAY), a statewide network of agencies serving LGBT youth. Kurt Dyer, Program Manager, is a former Public Ally apprentice who is well-recognized for his role in founding and guiding the program. Dyer serves on the National Gay and Lesbian Task Force's Youth Advisory Board as the national organization's only youth representative. His work with LGBT youth has garnered extensive

awards and praise, including being named a "Future Leader of Milwaukee" by Milwaukee Magazine in its September 2002 edition.

**CITY OF MILWAUKEE
MILWAUKEE AIDS INITIATIVE
EXHIBIT II
2003 BUDGET**

AGENCY NAME: Milwaukee LGBT Community Center
PROJECT TITLE: Project Q HIV Prevention Initiative

Number of Positions	FTE Equivalent	Line Description	Monthly Salary	TOTAL	City AIDS Initiative
		PERSONNEL COSTS (Include positions title(s) here)			
1	1	Prevention Case Manager	2,333	28,000	28,000
1	1	Youth Program Manager	2,333	28,000	
1	1	Associate Director of Youth Programs	2,750	33,000	6,600
1	0.2	Director of Programs	667	8,000	
	3.2	TOTAL PERSONNEL COSTS		\$97,000	\$34,600
		FRINGE BENEFITS (Include fringe benefit rate for your agency)			
		Fringe Calculated @ 25% Salary		24,250	8,650
		TOTAL FRINGE BENEFITS		\$24,250	\$8,650
		SUPPLIES AND MATERIALS (Include brief description and amount of supply items)			
		3,300 HIV Prevention Brochures		2,500	2,250
		Program Marketing Materials		1,500	
		Drop-in Activity Supplies		12,000	
		Youth Retreat Materials		1,000	
		Postage		3,000	
		Office Supplies		1,500	
		Computer Resource Center Supplies		1,200	
		TOTAL SUPPLIES AND MATERIALS		\$22,700	\$2,250
		SERVICES (Include brief description and amount of service)			
		Youth Drop-In Space Rental		24,000	
		Utilities		3,000	
		Telephone/Fax/Internet Access		3,600	
		Advertising		1,500	
		TOTAL SERVICES		\$32,100	\$0
		EQUIPMENT (Include brief description and amount of each equipment item)			
		Xerox copier rental @ \$60/month		720	
		TOTAL EQUIPMENT		\$720	\$0

Number of Positions	FTE Equivalent	Line Description	Monthly Salary	TOTAL	TOTAL
		OTHER COSTS			
		TOTAL OTHER COSTS		0	0
		INDIRECT COSTS (if applicable) (please attach backup document for any indirect cost calculations included)			
		Indirect Calculated @ 10% Program Budget (Includes Administrative Support, Finance Services, Repair & Maintenance and Other Overhead Related Expenses)		17,677	4,500
		TOTAL INDIRECT COSTS		\$17,677	\$4,500
		TOTAL COSTS		\$194,447	\$50,000

CITY OF MILWAUKEE
MILWAUKEE AIDS INITIATIVE
EXHIBIT II
2004 BUDGET

AGENCY NAME: Milwaukee LGBT Community Center
PROJECT TITLE: Project Q HIV Prevention Initiative

Number of Positions	FTE Equivalent	Line Description	Monthly Salary	TOTAL	City AIDS Initiative
		PERSONNEL COSTS (Include positions title(s) here)			
1	1	Prevention Case Manager	2,450	29,400	29,400
1	1	Youth Program Manager	2,450	29,400	
1	1	Associate Director of Youth Programs	2,888	34,650	6,930
1	0.2	Director of Programs	800	9,600	
	3.2	TOTAL PERSONNEL COSTS		\$103,050	\$36,330
		FRINGE BENEFITS (Include fringe benefit rate for your agency)			
		Fringe Calculated @ 25% Salary		25,763	9,083
		TOTAL FRINGE BENEFITS		\$25,763	\$9,083
		SUPPLIES AND MATERIALS (Include brief description and amount of supply items)			
		3,300 HIV Prevention Brochures		2,500	0
		Program Marketing Materials		2,500	
		Drop-in Activity Supplies		12,000	
		Youth Retreat Materials		1,000	
		Postage		3,000	
		Office Supplies		1,500	
		Computer Resource Center Supplies		1,200	
		TOTAL SUPPLIES AND MATERIALS		\$23,700	\$0
		SERVICES (Include brief description and amount of service)			
		Youth Drop-In Space Rental		27,000	
		Utilities		3,000	
		Telephone/Fax/Internet Access		4,200	
		Advertising		1,500	
		TOTAL SERVICES		\$35,700	\$0
		EQUIPMENT (Include brief description and amount of each equipment item)			
		Xerox copier rental @ \$60/month		900	
		TOTAL EQUIPMENT		\$900	\$0

Number of Positions	FTE Equivalent	Line Description	Monthly Salary	TOTAL	TOTAL
		OTHER COSTS			
		TOTAL OTHER COSTS		0	0
		INDIRECT COSTS (if applicable) (please attach backup document for any indirect cost calculations included)			
		Indirect Calculated @ 10% Program Budget (Includes Administrative Support, Finance Services, Repair & Maintenance and Other Overhead Related Expenses)		18,911	4,587
		TOTAL INDIRECT COSTS		\$18,911	\$4,587
		TOTAL COSTS		\$208,024	\$50,000