

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: Communicable Disease Grant
CONTACT PERSON: Lindsey Page x5789

PROJECT/PROGRAM YEAR: 2026-2027
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#	
		PERSONNEL COSTS (TOTAL 0 FTE)						
		TOTAL PERSONNEL COSTS						
		FRINGE BENEFITS (2026 @ 52.20%)						
		TOTAL FRINGE BENEFITS						
		OPERATING EXPENDITURES						
		Travel/Training			14,300			\$14,300
		Marketing Campaign			12,000			\$12,000
		Cell phones			1,700			\$1,700
		TOTAL OPERATING EXPENDITURES			\$28,000			\$28,000
		EQUIPMENT						
		TOTAL EQUIPMENT						
		INDIRECT COSTS						
		TOTAL INDIRECT COSTS						
		TOTAL POSITIONS / FTE / COSTS			\$28,000			\$28,000

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