

## CITY OF MILWAUKEE OPERATING GRANT BUDGET

NOTE: The highlighted cells include formulas to automatically total dollar amounts. If you insert additional rows, you may need to copy the formulas into the inserted rows. Make sure to check the formulas to ensure they are calculating the numbers correctly.

PROJECT/PROGRAM TITLE: **Congenital Disorders (GR3800723000)**

PROJECT/PROGRAM YEAR: **2023-2024**

CONTACT PERSON: **Erica Olivier - Deputy Commissioner x8018**

DEPT: **HEALTH**

NUMBER OF POSITIONS		LINE DESCRIPTION	FTE	PAY RANGE	GRANTOR SHARE	IN-KIND & CITY SHARE	CASH MATCH AC#	TOTAL
NEW	EXISTING							
		<b>PERSONNEL COSTS (TOTAL 1.0 FTE)</b>						
	1	Public Health Nurse - Senior (St. Pierre)	1.00	2GN	81,845			<b>\$81,845</b>
		<b>TOTAL PERSONNEL COSTS</b>			<b>\$81,845</b>			<b>\$81,845</b>
		<b>FRINGE BENEFITS (2023 @ 51.8%)</b>			42,428			<b>\$42,428</b>
		<b>TOTAL FRINGE BENEFITS</b>			<b>\$42,428</b>			<b>\$42,428</b>
		<b>OPERATING EXPENDITURES</b>						
		Outreach Materials			500			<b>\$500</b>
		Training/Travel: APHL Newborn Screening Symposium			10,000			<b>\$10,000</b>
		Mileage			740			<b>\$740</b>
		Client Incentives			800			<b>\$800</b>
		Nursing & Office Supplies			4,113			<b>\$4,113</b>
		PC			1,000			<b>\$1,000</b>
		Wireless			600			<b>\$600</b>
		<b>TOTAL OPERATING EXPENDITURES</b>			<b>\$17,753</b>			<b>\$17,753</b>
		<b>EQUIPMENT</b>						

PROJECT/PROGRAM TITLE: Congenital Disorders (GR3800723000)

CONTACT PERSON: Erica Olivier - Deputy Commissioner x8018

PROJECT/PROGRAM YEAR: 2023-2024

DEPT: HEALTH

NUMBER OF POSITIONS		LINE DESCRIPTION	FTE	PAY RANGE	GRANTOR SHARE	IN-KIND & CITY SHARE	CASH MATCH AC#	TOTAL
NEW	EXISTING							
		TOTAL EQUIPMENT						
		INDIRECT COSTS						
		TOTAL INDIRECT COSTS						
	1	TOTAL POSITIONS / FTE / COSTS	1.00		\$142,026			\$142,026