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: National Center for Fatality Review and Prevention Capacity Building Grant PROJECT/PROGRAM YEAR: 2024

CONTACT PERSON: Erica Olivier (Deputy Commissioner)/Rosamaria Martinez (MCH Director) - ext 8018/6 DEPT: HEALTH

NUMBER (OF POSITIONS		$\overline{\top}$	<u> </u>				
]	FTE	PAY	GRANTOR	IN-KIND &	CASH MATCH	
NEW	EXISTING	LINE DESCRIPTION		RANGE	SHARE	CITY SHARE	AC#	TOTAL
		PERSONNEL COSTS (TOTAL 0.0 FTE)		<u> </u>	<u> </u> '	1	<u> </u>	<u> </u>
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		TOTAL PERSONNEL COSTS						
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		FRINGE BENEFITS (2024 @ 52.58%)			7			
	+	+		 	†		†	
	+	TOTAL FRINGE BENEFITS	+	+				
<u> </u>				+				
<u> </u>				-	 	+		
		OPERATING EXPENDITURES			<u> '</u>			
		CONTRACTED STAFF			20,800	1		\$20,800
		INCENTIVE GIFT CARDS			600			\$600
					'			
		TOTAL OPERATING EXPENDITURES			\$21,400			\$21,400

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CONTACT PERSON: Erica Olivier (Deputy Commissioner)/Rosamaria Martinez (MCH Director) - ext 8018/6 DEPT: HEALTH

NUMBER OI	F POSITIONS	J	Į,	t i	l i			! <u> </u>	
			FTE	PAY	GRANTOR	IN-KIND &	CASH MATCH	Į	
NEW	EXISTING	LINE DESCRIPTION	Į,	RANGE	SHARE	CITY SHARE	AC#	TOTAL	
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	+			<u> </u>			 	<u> </u>	
		EQUIPMENT	<u> </u>	<u> </u>					
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			1						
		TOTAL EQUIPMENT							
		INDIRECT COSTS							
		TOTAL INDIRECT COSTS							
		TOTAL POSITIONS / FTE / COSTS			\$21,400			\$21,400	