

# 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: WHFP Dual Protection Profile #152003 /segment 300

PROJECT/PROGRAM YEAR: 2020

CONTACT PERSON: \_\_\_\_\_

NUMBER OF POSITIONS		LINE DESCRIPTION	PAY RANGE/ UNITS	GRANTOR SHARE	IN-KIND SHARE	CASH MATCH A/C #	TOTAL
NEW	EXISTING						
		<b>PERSONNEL COSTS</b>					
		<b>TOTAL PERSONNEL COSTS</b>					
		<b>FRINGE BENEFITS</b>					
		<b>TOTAL FRINGE BENEFITS</b>					
		<b>OPERATING EXPENDITURES</b>					
		Condoms/Dual Protection Kits/Educational Materials		\$28,000			\$28,000
		<b>TOTAL OPERATING EXPENDITURES</b>		\$28,000			\$28,000
		<b>EQUIPMENT</b>					
		Lab/Testing Supplies		\$8,000			\$8,000
		<b>TOTAL EQUIPMENT</b>		\$8,000			\$8,000
		<b>INDIRECT COSTS</b>					
		<b>TOTAL INDIRECT COSTS</b>					
		<b>TOTAL COSTS</b>		\$36,000			\$36,000