

Vendor Name			
City of Somerville			
DPH Bureau/Program Name			
Massachusetts Tobacco Control Program			
Vendor Code	Fiscal Year	Today's Date	
VC6000192138	FY26		
Contract Number	RFR#		
INTF2903P01190128214	190128		
Program Component	FTE	NEW BUDGET	Justification
1. Program Staff			
Director	1.00	\$ 84,150.08	Increase in salary for FY26
		\$	
		\$	
		\$	
		\$	
		\$	
		\$ -	
		\$	
		\$	
SUB TOTAL	1.00	\$ 84,150.08	
Fringe Benefits	12.26%	\$ 10,317.85	Enter the total dollar amount of Fringe Benefits (the percentage will be calculated)
1. TOTAL PROGRAM STAFF		\$ 94,467.93	
Program ComponentNew BudgetJustification			
2. NON PERSONNEL (Consultants - Consultant worksheet required), subcontractors, supplies, stipends, training, travel)			
Consultant: Individual	\$		
Consultant: Organization	\$		
Subcontractors (Attach Subcontractor Identification List For Direct and/or Non-Direct Care Services Required)	\$		
Youth Stipends	\$ 2,400.00	Stipends for youth ages 16-20 yrs. to conduct compliance checks with Director; approx. 407 stores per year	
Program Support	\$ 200.00	Cash for compliance checks	
Gas Allowance	\$ 1,560.00	Based on an estimate of roughly 10 gallons/week at an avg. of \$3/gallon for 52 weeks for the Director	
Inspector Consultant	\$ 10,800.00	20 hrs/month x \$45/hr x 12 months	
	\$		
2. TOTAL NON PERSONNEL	\$ 14,960.00		
3. OCCUPANCYJustification			
Program Facility	\$ -		
Facility Operations, Maint. and Furn.	\$ -		
3. TOTAL OCCUPANCY	\$ -		
SUB TOTAL: 1 + 2 + 3	\$ 109,427.93		
Administrative Support			
Max Cap Amount:	0.78%		
4. AGENCY ADMIN. SUPPORT	\$ 852.07	The City of Somerville opts for a 10% de minimis rate as we do not negotiate a indirect cost rate agreement (NICRA) from a federal agency	
5.PROGRAM SUPPORT*			
TOTAL 1+ 2 + 3 + 4 + 5	\$ 110,280.00		

*Program Support: This component is for direct administrative program support that is associated with a single program(s) and NOT allocated across programs as an indirect cost or identified in admin support.

PLEASE NOTE: Only fill out this worksheet if you listed CONSULTA

CONTRACT ID:

FISCAL YEAR:

PROJECT DELIVERABLE*	
1	Project Charter
2	Project Management Plan
3	Project Schedule
4	Project Budget
5	Project Risk Register
6	Project Communication Plan
7	Project Stakeholder Register
8	Project Performance Report
9	Project Closure Report

Inspector Consultant to aid Director with inspections and necessary admin work

*** List Project Deliverables for each Consultant, the dates and cost of the deliverable when completed**

**** This amount should equal the total amount you have allocated for CONSULTANTS in your budget**

PLEASE NOTE: This worksheet is not needed for SUBCONTRACTORS

WANTS in your budget

FY26

KEY DATE*	PROJECT DELIVERABLE COST*
7/1/25-6/30/26	\$10,800.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL CONSULTANTS**	\$10,800.00