M04 Standard Contract and M04/M78 Engagement Contract Budget Form

Fiscal Year: 2027	Vendor	
	Name:	CITY OF SOMERVILLE
	Contract	
	ID:	INTF2354M78220129158
	Budget #	1

NEW ONLY

BRIEF ENGAGEMENT SUMMARY - Enter Below UFR# Program Component -UFR# FTE **New Amount** Offset *Offset Funding **New Budget Codes Below on tab Amount Source** Reimbursement Total 101 Program Manager \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 150 Payroll Taxes \$0.00 151 Fringe Benefits \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 **Total Program Staff** 301 Program Facilities \$0.00 390 Facilities Operations \$0.00 \$0.00 \$0.00 \$0.00 **Total Occupancy** \$0.00 201 Consultant \$0.00 202 Temporary Help \$0.00 \$10,000.00 203 Prov. Reimb/Stipends \$10,000.00 204 Staff Training \$0.00 205 Staff mileage/travel \$0.00 206 Subcontract \$89,000.00 \$89,000.00 207 Meals \$0.00 208A Vehicle \$0.00 208B Vehicle Expenses \$0.00 208C Vehicle Depreciation \$0.00 211 Client Personal Allowances \$0.00 212 Provision of Material Goods \$0.00 213 Data Processing \$0.00 214 Commercial Income Resources \$0.00 215 Program Supplies \$1,500.00 \$1,500.00 Total Non Personal Exp. \$100,500.00 \$0.00 \$0.00 \$100,500.00 216 Program Support \$12,000.00 \$12,000.00 **Total Direct Administrative Exp.** \$12,000.00 \$0.00 \$12,000.00 **SUBTOTAL PROGRAM COSTS** \$112,500.00 \$0.00 \$112,500.00 410 Agency Admin. Support Allocation \$12,500.00 \$12,500.00

\$0.00

\$125,000.00

\$125,000.00

PROGRAM TOTAL

^{*}If mulitiple funding sources, please indicate "various" on the column and provide backup listing all funding sources.

If any funds allocated to UFR# 206 Subcontract, a Subcontractor Identification List must be completed and submit to DPH by the provider/vendor