

**Department of Public Health
Amendment Budget Only**

| Vendor Name CITY OF SOMERVILLE | | DPH Bureau/Program Name Bureau of Infectious Disease & Laboratory Sciences | | | |
|--|---------------------|---|---------------------------|--------------------------|--|
| Vendor Code VC6000192138 | Fiscal Year 2026 | Contract Number INTF5264P01223127055 | RFR# 223127 | Today's Date 05/28/24 | |
| Program Component | FTE | CURRENT BUDGET (A) | Amendment Changes +/- (B) | NEW BUDGET (C) | Justification (D) |
| 1. Program Staff | | | | | |
| | | | | \$ - | |
| | | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | |
| SUB TOTAL | 0.00 | \$ - | \$ - | \$ - | |
| Fringe Benefits <input type="text"/> #DIV/0! | | | | \$ - | Enter the total dollar amount of Fringe Benefits (the percentage will be calculated) |
| 1. TOTAL PROGRAM STAFF | | \$ - | \$ - | \$ - | |

| Program Component | CURRENT BUDGET (A) | Proposed Changes +/- (B) | Proposed New Budget (C) | Justification (D) |
|--|--------------------|--------------------------|-------------------------|---|
| 2. NON PERSONNEL (Consultants - Consultant worksheet required, subcontractors, supplies, stipends, training, travel) | | | | |
| Program Supplies - Sun Safety Initiative | \$ 21,320.04 | \$ - | \$ 21,320.04 | Impact mitigation - install sun screen dispensers in the 3 communities to provide sun safety and prevent skin cancer |
| Consultant: BME Strategies Epidemiology 0.5 and PHN Infrastructure Eval | \$ 98,679.96 | \$ - | \$ 98,679.96 | Perform Epidemiological services for the regional partners, including evaluating PHN data infrastructure |
| Subcontractors - Data Management Software | \$ 61,000.00 | \$ - | \$ 61,000.00 | Perform technical assistance for data servers, including solutions for network and scale up plans (RFP received), expanding user types and exploring billing integration) |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | |
| 2. TOTAL NON PERSONNEL | \$ 181,000.00 | \$ - | \$ 181,000.00 | |

| | | | | |
|--|---------------|------|---------------|---|
| 3. Occupancy | | | | |
| Program Facility | | | \$ - | |
| Facility Operations, Maint. and Furn. | | | \$ - | |
| 3. TOTAL OCCUPANCY | \$ - | \$ - | \$ - | |
| SUB TOTAL: 1 + 2 + 3 | \$ 181,000.00 | \$ - | \$ 181,000.00 | |
| Administrative Support | | | | |
| Max Cap Amount: <input type="text"/> 5.52% | | | | |
| 4. AGENCY ADMIN. SUPPORT | \$ 10,000.00 | | \$ 10,000.00 | Enter the total dollar amount of Administrative Support (the percentage will be calculated) |
| 5.PROGRAM SUPPORT* | | | \$ - | |
| TOTAL 1+ 2 + 3 + 4 + 5 | \$ 191,000.00 | \$ - | \$ 191,000.00 | |

*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.