Department of Public Health

Office of Local and Regional Health

Public Health Excellence Grant Program for Shared Services Budget & Request For Budget Revision

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BOH (City / Town / Lead Community) **Program Name** Somerville **Public Health Excellence for Shared Services Vendor Code** Fiscal Year **Service Contract Number** Today's Date VC6000192138 2022 June 22, 2021 Note: Please complete this entire form, including all line items. CURRENT Proposed Proposed BUDGET FTE Justification Program Component Changes +/-**New Budget** (A) (B) (C) (D) 1. Direct Care/Prog. Support Staff Program Coordinator/Point of Contact 1.00 65,000.00 65,000.00 Program coordination, POC \$ \$ \$ Epidemiologist 1.00 65,000.00 65,000.00 Research, data interp, policy, prog e \$ 2.00 **SUB TOTAL** \$ 130,000.00 \$ \$ 130,000.00 Fringe Be 23.53% 30,589.00 \$ 30,589.00 23.53% of subtotal 12.47% of subtotal Payroll Taxes 16,211.00 \$ 16,211.00 1. Total Direct Care/ Program Staff 176,800.00 \$ 176,800.00

Program Budget & Request For Budget Revision

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BOH (City / Town / Lead Community)		Program Name			
Vendor Code	Fiscal Year	Service Contract Number	er	Today's Date	
Note: Please complete this entire form, including all line items.					
Program Component	CURRENT BUDGET (A)	Proposed Changes +/- (B)	Proposed New Budget (C)	Justification (D)	
2. Other Direct Care/Program					
Research and data support (contractor)	\$ 20,000.00	\$ -	\$ 20,000.00	Research legwork, data mgmt	
Office supplies	\$ 6,000.00	\$ -	\$ 6,000.00	Data mgmt software, gen supplies	
Youth Health Survey - 3 communities	\$ 30,000.00	\$ -	\$ 30,000.00	Tool dev, printing, distrib, compilation	
Community Health Assess survey tool - 3 commun	\$ 28,000.00	\$ -	\$ 28,000.00	Purchase of best practice tools	
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
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	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
2. Total Other Direct/Program	\$ 84,000.00	\$ -	\$ 84,000.00		
Occupancy Drogger Facility	r.	ሶ	φ		
Program Facility	\$ -		\$ - \$ -		
Facility Operations, Maint. and Furn. 3. TOTAL OCCUPANCY	\$ -	\$ -	\$ -		
SUB TOTAL: 1 + 2 + 3	\$ 260,800.00	\$ -	\$ 260,800.00		
Administrative Support Applicable Policy Cap					
4. AGENCY ADMIN. SUPPORT	\$ 39,120.00	\$ -	\$ 39,120.00	15% admin	
5. CAPITAL BUDGET (Attach Schedule)	\$0.00	\$ -	\$ -		
TOTAL 1+2+3+4+5	\$ 299,920.00	\$ -	\$ 299,920.00		
FOR DPH USE ONLY FO Reviewed by:	R DPH USE ONLY	Comments:	FOR DPH USE ONL	Y FOR DPH USE ONLY	

Approved by:

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Date:		•
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Program Budget & Request For Budget Revision Capital Budget Worksheet

BOH (City / Town / Lead Community)		Program Name			
			Public Health Excellence for Shared Services		
Vendor Code	Fiscal Yea	ır	Service Contract Number	MTCP ID#	Today's Date

Capital Budget

Item To Be Purchased	Need for Item	Quantity	Estimated Unit Cost	Estimated Total Cost
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
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				\$0.00 \$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
			Total Cost	\$0.00

Title to all equipment purchased under this capital budget shall vest with the governmental purchasing unit of the Department of Public Health. The Commonwealth of Massachusetts shall retain title to all assets purchased in in accordance with this capital budget.