FY25 PHE Budget Template Guidance

Submission of a programmatic (aka colorful) budget is a requirement of the Public Health Excellence Grant. OLRH will review this
Allowable Expenditures Guidance and PHE Engagement Scope and provide approval in writing t

Guidance for Proposed Budget Tab
Fill in the orange cells in Rows 4-7. You will be able to find your Vendor Name, Vendor Code, Service Contract (Beginning with INTF) ir
contract amount will be the same amount you used to create the black and white budget submitted with your engagement package. If y
your designated Program Coordinator.
Program Components:

1. Program Staff (Salaries)
Do NOT alter any staff categories. If the position title is not listed, please include the position under “Other Public Health Staff”. For S
Staff”, SSA must submit a job description to OLRH for approval. Other Public Health Staff may include but not limited to Communicatio
Worker, Regional Health Director, and Public Health Intern.
- Justification will need to be entered for each filled in line.
    - In the “Other Public Health Staff” line, please list titles of staff in the “Justification” cell (E17).
- **FTE column must be completed** for each staff member to two decimal places.
- Refer to "Public Health Excellence Grants: FY25 Allowable Expenses" document for more details on how to categorize positions.
- Fringe and Payroll will now be combined in one line.

2. Other Program Costs
- Refer to "Public Health Excellence Grants: FY25 Allowable Expenses" document for more details on how to categorize goods and ser
- Any consultants listed will need to be added to the Consultant Justification sheet as was done with the “black and white” budget that w

3. Occupancy
- Refer to "Public Health Excellence Grants: FY25 Allowable Expenses" under Program Facility and Facility Operations, Maintenance, a

4. Agency Administrative Support Fee
- The Agency Administrative Support Fee shall not exceed 15% of the total grant award.
- Refer to "Public Health Excellence Grants: FY25 Allowable Expenses" under Agency Admin Support.

5. Training/Credentialing
Refer to "Public Health Excellence Grants: FY25 Allowable Expenses" under Training/Credentialing.

Guidance for Consultant Justification

Only fill out this tab if you listed CONSULTANTS in your budget.

Note: This worsheet is not intended for SUBCONTRACTORS.

Guidance for Training Reporting

Throughout the fiscal year, please fill out the table below with EVERY training that PHE funded staff attend as well as any PHE-funded
Board of Health Members, Governance Board members, etc.

*This form is not required - does not need to be completed with your proposed budget/workplan submittal. This will be completed on a c

Allowable Expenses Guidance

Refer to "Public Health Excellence Grants: FY25 Allowable Expenses" document for further instructions.

proposed budget for compliance with FY25 *o the SSC.*

n your recent engagement package. Your
ou do not know this information, please contact

taff categorized under “Other Public Health
n Specialist, Social Worker, Community Health

vices in this section.
vas already submitted.

and Furnishings.

training. This may include municipal staff,

quarterly basis.

Department of Public Health Public Health Excellence Grant

Program Budget

Vendor Name		Program Name	Contract Amount
Town Of Needham		Public Health Excellence Grant	$325,000
Vendor Code	**Fiscal Year**	**Service Contract Number**	**Date**
VC6000191901	2025	INTF1200P01236938235	June 14, 2024

Note: PLEASE ENTER VALUES INTO GREEN-SHADED AREAS ONLY. Formulas calculate totals automatically.

Program Component	FTE	PROPOSED BUDGET	JUSTIFICATION
1. Program Staff (Salaries)			
Shared Services Coordinator	0.50	$ 52,161.46	Program manager, supervision of Assistant Manager, Administrative Specialist, primary point of contact with Advisory Board and Office of Local and Regional Health
Health Agent	0.00	$ 19,001.10	Assistant Manager, supervision of Regional Environmental Health Inspector, Regional Public Health Nurse
Health Inspector	0.00	$ 61,836.75	Regional Environmental Health Inspector to provide inspection services to communities as well as project support for training and workforce standards status, community self assessment results
Nurse	0.50	$ 47,917.00	Regional public health nurse to be hired to serve and support all communities
Epidemiologist		$ -	
Other Public Health Staff		$ 20,000.00	Contribution to Town of Dover Public Health Nurse position to be filled. Position will support primarily support Dover and Sherborn, and be a shared services resource for all four communities if need arises.
Administrator/Clerk	0.20	$ 15,316.80	Administrative specialist, provides administrative and financial management support for program and supports administrative activites for deliverables
SUB TOTAL	**1.20**	**$ 216,233.11**	

Department of Public Health Public Health Excellence Grant

Program Budget

Vendor Name		Program Name	Contract Amount
Town Of Needham		Public Health Excellence Grant	$325,000

Vendor Code		Fiscal Year	Service Contract Number		Date
VC6000191901		2025	INTF1200P01236938235		June 14, 2024

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Program Component		FTE	PROPOSED BUDGET	JUSTIFICATION
Fringe Benefits & Payroll	Tax:	13.61%	$ 29,434.97	Fringe of 15% - no fringe charge applies to the Other public health staff line item - this is a reimbursement from Shared Services funds to the Town of Dover as a contribution salary of to be hired public health nurse
1. TOTAL Program Staff			**$ 245,668.08**	
2. Other Program Costs				
Consultant			$ -	
Health Communication			$ 2,000.00	pocket talk translation devices, advertising costs for hiring, production of communications materials for Charles River Health District
Inspection Supplies			$ -	
Membership Fees				
Nursing Supplies			$ 531.92	new regional public health nurse position
Technology Hardware			$ 3,000.00	replacement computer needs

Department of Public Health Public Health Excellence Grant

Program Budget

Vendor Name		Program Name	Contract Amount
Town Of Needham		Public Health Excellence Grant	$325,000

Vendor Code		Fiscal Year	Service Contract Number		Date
VC6000191901		2025	INTF1200P01236938235		June 14, 2024

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Program Component		FTE	PROPOSED BUDGET	JUSTIFICATION
Technology Software			$ 27,000.00	Contract with Relavent Software for inspectional services software licenses for all communities and shared services staff; Asana project management software
Office Supplies				
Telecommuncation			$ 1,800.00	Data costs for 3 employees per month at $50/month each
Travel			$ 2,000.00	Mileage reimbursement for travel to communities and conferences
2. TOTAL Other Program Costs			**$ 36,331.92**	
3. Occupancy				
Program Facility			$ -	
Facility Operations, Maint. and Furn.			$ -	
3. TOTAL Occupancy			**$ -**	
4. Agency Administrative Support		10%	$ 32,500.00	*This line item shall not exceed 15% of the total grant award.*
5. Training/Credentialing			$ 10,500.00	**Attendance at annual MHOA, MEHA, MAHB conferences, MHOA & MEHA workshops for staff & Advisory Board members**

Department of Public Health Public Health Excellence Grant					
Program Budget					
Vendor Name		**Program Name**		**Contract Amount**	
Town Of Needham		Public Health Excellence Grant		$325,000	
Vendor Code	**Fiscal Year**	**Service Contract Number**			**Date**
VC6000191901	2025	INTF1200P01236938235			June 14, 2024

Note: PLEASE ENTER VALUES INTO GREEN-SHADED AREAS ONLY. Formulas calculate totals automatically.

Program Component	**FTE**	**PROPOSED BUDGET**	**JUSTIFICATION**
TOTAL 1+ 2 + 3 + 4 + 5		**$ 325,000.00**	**Within Budget**

PLEASE NOTE: Only fill out this worksheet if you listed CONS
CONT
FISC
PROJECT DELIVERABLE*

*** List Project Deliverables for each Consultant, the dates and cost of the deliverable when comp**
**** This amount should equal the total amount you have allocated for CONSULTANTS in your budg**

PLEASE NOTE: This worsheet is not intended for SUBCONTRACTORS.

S in your budget.	
INTF1200P01236938235	
FY25	
KEY DATE*	PROJECT DELIVERABLE COST*
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL CONSULTANTS**	$0.00

INSTRUCTIONS: Throughout the fiscal year, please fill out the table below with EVERY tr
does not need to be completed with your proposed budget/workplan submittal. This wil

Training Name	Participant Name

raining that PHE funded staff attend
l be completed on a quarterly basis

Participant Title/Role

d as well as any PHE-funded training. This may include municipal staff, Board of Health M
s.

Which of the following describes this participant best? (Choose from Dropdown)

lembers, Governance Board members, etc. *This form is not required -

What municipality is the participant employed/contracted with?