

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 to

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) in contract amount will be the same amount you used to create the black and white budget submitted with your engagement package. If you are 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 "Other Public Health Staff", SSA must submit a job description to OLRH for approval. Other Public Health Staff may include but not limited to Communication 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 services.
- Any consultants listed will need to be added to the Consultant Justification sheet as was done with the "black and white" budget that was submitted.

3. Occupancy

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

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 worksheet 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.

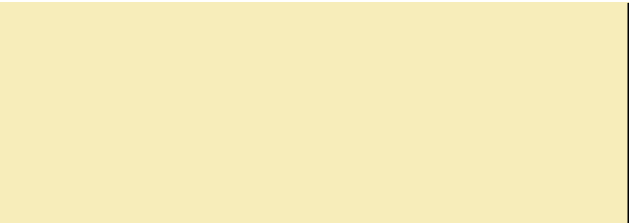
<i>proposed budget for compliance with FY25 of the SSC.</i>

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.
was 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.						
		FTE	PROPOSED	JUSTIFICATION		
Program Component			BUDGET			
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			

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VC6000191901		2025	INTF1200P01236938235	June 14, 2024		
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		FTE	PROPOSED	JUSTIFICATION		
Program Component			BUDGET			
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		

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VC6000191901		2025	INTF1200P01236938235	June 14, 2024		
Note: PLEASE ENTER VALUES INTO GREEN-SHADED AREAS ONLY. Formulas calculate totals automatically.						
		FTE	PROPOSED	JUSTIFICATION		
Program Component			BUDGET			
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						
Telecommunication			\$ 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						
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Town Of Needham				Public Health Excellence Grant	\$325,000	
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VC6000191901		2025	INTF1200P01236938235		June 14, 2024	
Note: PLEASE ENTER VALUES INTO GREEN-SHADED AREAS ONLY. Formulas calculate totals automatically.						
		FTE	PROPOSED	JUSTIFICATION		
Program Component			BUDGET			
TOTAL 1+ 2 + 3 + 4 + 5			\$ 325,000.00	Within Budget		

PLEASE NOTE: Only fill out this worksheet if you listed CONSUMERS in your list of organisms.

CONT

FISC.

PROJECT DELIVERABLE*	
1	Project Charter
2	Project Management Plan
3	Project Schedule
4	Project Budget
5	Project Risk Management Plan
6	Project Communication Management Plan
7	Project Stakeholder Management Plan
8	Project Quality Management Plan
9	Project Resource Management Plan
10	Project Procurement Management Plan
11	Project Change Management Plan
12	Project Closure Management Plan

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

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

PLEASE NOTE: This worksheet is not intended for SUBCONTRACTORS.

S in your budget.

INTF1200P01236938235

FY25

KEY DATE*	PROJECT DELIVERABLE COST*
	\$
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	\$
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

aining 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
5.

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

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

What municipality is the participant employed/contracted with?