Department of Public Health
Proposed ARPA CH. 268 and PHI Grant

Vendor Name			
TOWN OF NEEDHAM			
DPH Bureau/Program Name			
OFFICE OF LOCAL AND REGIONAL HEALTH/PUBLIC HEALTH EXCELLENCE			
Vendor Code		**Fiscal Year**	**Today's Date**
VC6000191901		2025-2027 Annualized	
Contract Number		**Waiver ID #**	
INTF1200P01236938235		**W**	

Program Component	**FTE**	**NEW BUDGET**	**Justificatio**
1. Program Staff			
Shared Services Coordinator/Program Manager	0.50	$ 52,161.46	Required pos
Assistant Manager/Inspector	0.20	$ 19,001.10	
Regional Health Inspector	0.75	$ 61,836.75	
Regional Public Health Nurse	0.50	$ 47,917.00	This role is a
Administrator	0.20	$ 15,316.80	Provides adm
		$	
		$	
		$	
SUB TOTAL	2.15	$ 196,233.11	
Fringe Benefits 15.00%		$ 29,434.97	**Enter the t**
1. TOTAL PROGRAM STAFF		$ 225,668.08	

Program Component	**New Budget**	
2. NON PERSONNEL (Consultants - Consultant worksheet required), subcontractors, supplies, stipends, training, travel)		
Consultant: Individual	$	
Consultant: Organization	$	
Subcontractors	$	
Trainings & Conferences & Membership Dues	$ 10,500.00	Attendance a
Tech Hardware and Software	$ 30,000.00	Contract with
Data	$ 1,800.00	$50/month fo
Nursing Supplies	$ 531.92	for new regio
Health Communication	$ 2,000.00	pocket talk tra
Travel/Mileage	$ 2,000.00	Travel to con
Town of Dover	$ 20,000.00	The commun
2. TOTAL NON PERSONNEL	**$ 66,831.92**	

3. OCCUPANCY		
Program Facility		
Facility Operations, Maint. and Furn.		
3. TOTAL OCCUPANCY	**$ -**	
SUB TOTAL: 1 + 2 + 3	**$ 292,500.00**	
Administrative Support		
Max Cap Amount: 11.11%		
4. AGENCY ADMIN. SUPPORT	$ 32,500.00	**100% of the A**
5.PROGRAM SUPPORT*	$	
TOTAL 1+ 2 + 3 + 4 + 5	**$ 325,000.00**	

***Program Support: This component is for direct administrative program support that is associated with a single program(s) and NOT allocated acr**

05/06/24
ition supporting shared services group, primary liason to OLRH
priority for communities in shared services arrangement.
inistrative and fiscal support for program

otal dollar amount of Fringe Benefits (the percentage will be calculated)

Justification
t annual MHOA, MEHA, MAHB conferences, MHOA & MEHA workshops for staff & Advisory Board members & memberships to MEHA/MHOA/MAPHN
Relavent Software for field and office licenses for each community & replacement hardware
r 3 staff members
nal public health nurse
anslators, advertising for positions, communication materials
ferences, meetings
ities agreed to add shared services funds to an existing part-time public health nurse position in one town(Dover) to provide additional nursing hours to Sherb

Justification

AGENCY ADMINISTRATIVE SUPPORT is funded by non-ARPA funds administered by DPH.

oss programs as an indirect cost or identified in admin support.

PLEASE NOTE: Only fill out this worksheet if you listed CONSULT
CONTRACT
FISCAL YE
PROJECT DELIVERABLE*

*** 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 worsheet is not needed for SUBCONTRACTORS

'S in your budget

2025-2027 Annualized

KEY DATE*	PROJECT DELIVERABLE COST*
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL CONSULTANTS**	$0.00