

**Department of Public Health
Massachusetts Tobacco Control Program
Program Budget & Request For Budget Revision**

(City / Town / Lead Community)		Program	
		Massachusetts Tobacco Cessation & prevention	
Vendor Code	Fiscal Year	Contract Number	
		FY26	

Note: Please complete this entire form, including all line items.

Please make changes on Column E

Program Component	FTE	Current Budget (A)	Proposed Changes +/- (B)	Proposed New Budget
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Direct Care/Prog. Support Staff

Director		\$ -		\$ -
Inspector 1		\$ -		\$ -
Inspector 2		\$ -		\$ -
Inspector 3		\$ -		\$ -
Inspector 4		\$ -		\$ -
Inspector 5		\$ -		\$ -
		\$ -		\$ -

SUB TOTAL

\$ -	\$ -	\$ -
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Fringe Benefits

%

	0	\$ -
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Payroll Taxes

%

\$ -	0	\$ -
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1. Total Direct Care/Program Staff

\$ -	\$ -	\$ -
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Program Component

2. Other Direct Care/Program

Youth Buyer Stipends		\$ -	0	\$ -
Travel		\$ -	0	\$ -
Program Supplies		\$ -	0	\$ -
Program Support		\$ -	0	\$ -
Education and Enforcement		\$ -	0	\$ -
Rollover		\$ -	0	\$ -

2. Total Other Direct/Program

\$ -	\$ -	\$ -
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Occupancy

Program Facility		\$ -		\$ -
Facility Operations, Maint, and Furn				\$ -

3. Total Occupancy

\$ -	\$ -	\$ -
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SUB TOTAL: 1+2+3

\$ -	\$ -	\$ -
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Administrative Support

Applicable Policy Cap				\$ -
			0	\$ -
				\$ -

4. Agency Admin Support

5. Capital Budget (Attached Schedule)

TOTAL 1+2+3+4+5

\$ -	\$ -	\$ -
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Capital Budget

Item to be purchased	Estimated Unit cost	Estimate
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Title to all equipment purchased under this capital budget shall vest with the Department of Public Health.
The Commonwealth of Massachusetts shall retain title to all assets purchased in in accordance with this capital budget.

Year Award
FY26
Today's Date
(Proposed changes)
Justification (D)

ed Total Cost
