Town of Lisbon, Maine

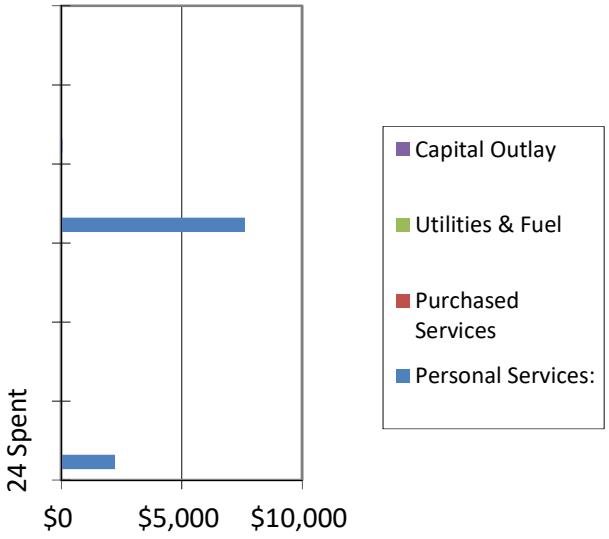
FY2027

Budget: Health Officer

Account Number: **13030500**

	FY24 Spent	FY25 Budget	FY25 Spent	FY26 Budget	FY26 Yr to Date Spent	FY2027 Dept Head	FY2027 Manager's Rec	FY2027 Council Rec
Personal Services:	$2,243	$35	$21	$7,630	$67	$0	$0	
Contractual Services	$0	$0	$0	$0	$0	$0	$0	
R/M & Operating Supplies	$7	$0	$0	$0	$0	$0	$0	
Capital Outlay	$0	$0	$0	$0	$0	$0	$0	
TOTALS:	**$2,250**	**$35**	**$21**	**$7,630**	**$67**	**$0**	**$0**	**$0**

Graphic Representation



FRINGE BENEFIT IMPACT (Estimated):	
FICA	**$0**
Workers Comp	**$0**
Health Insurance	**$0**
Retirement	**$0**
Unemployment	**$0**
Other Insurance	**$0**
# of Full Time Employees	**0.00**

Total Fringe Benefit Impact $0

	FY26 Budget	FY27 Manager's Rec	Dollar Change	Percentage Change
Personal Services:	$7,630	$0	($7,630)	N/A
Purchased Services	$0	$0	$0	N/A
Utilities & Fuel	$0	$0	$0	N/A
Capital Outlay	$0	$0	$0	N/A
TOTALS:	**$7,630**	**$0**	**($7,630)**	-100.00%

FY2027 Personnel Services

Account Number	Description	FY24 Spent	FY25 Budget	FY25 Spent	FY26 Budget	FY26 Yr to Date Spent	FY2027 Dept Head	FY2027 Mgr's Rec
50102	Department Head Salary	$1,983	$0	($10)	$6,200	$13	$0	$0
50201	Unemployment	$0	$0	$0	$0	$0	$0	$0
50202	Workers Compenstion Insuranc	($138)	$35	$31	$106	$54	$0	$0
50210	MePERS	$254	$0	$0	$818	$0	$0	$0
50220	Health Insurance	$0	$0	$0	$0	$0	$0	$0
50221	HRA Costs	$0	$0	$0	$0	$0	$0	$0
50230	FICA Employer Share	$144	$0	$0	$505	$0	$0	$0
50330	Drug Testing	$0	$0	$0	$0	$0	$0	$0
50351	Clothing & Boot Allowance	$0	$0	$0	$0	$0	$0	$0
50352	Cell Phone Allowance	$0	$0	$0	$0	$0	$0	$0
50353	Physicals	$0	$0	$0	$0	$0	$0	$0
50402	Dues & Memberships	$0	$0	$0	$0	$0	$0	$0
50412	Meals and Lodging	$0	$0	$0	$0	$0	$0	$0
50413	Mileage and Travel Reimburser	$0	$0	$0	$0	$0	$0	$0
50960	Employee Recognition	$0	$0	$0	$0	$0	$0	$0
Totals		$2,243	$35	$21	$7,630	$67	$0	$0

Town of Lisbon, Maine

Department Personnel Budget

FY2027

Department: Health Officer 13030500

Classification	FTE	Annual Total	Requested	Town Manager Recommended	Council Approved	Last Name	First Name	Object
			$0	$0				
Health Officer		$6,200	$6,224	$0		Bouchard	Craig	50102
Total Budgeted Positions	-	**6,200.00**	**6,223.85**	-	-			

Notes:

Stipend added to Fire Chief salary instead of breaking it apart

Fiscal Year 2027
Budget Request

March 4, 2026 **Department:** Health Officer

Account Title: Department Head Salary

Department Number: 13030500 Account Number: 50102

FY24 Actual	FY25 Budget	FY25 Actual	FY26 Budget	FY26 Est. Expended
$1,983.06	$0.00	($10.21)	$6,200.00	

FY27 Budget	Department Request	Town Mgr Recommendation	Council Action	Increase (Decrease)
	$0.00	$0.00		($6,200.00)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

Fiscal Year 2027
Budget Request

March 4, 2026 **Department:** Health Officer

Account Title: Unemployment

Department Number: 13030500 Account Number: 50201

FY24 Actual	FY25 Budget	FY25 Actual	FY26 Budget	FY26 Est. Expended
$0.00	$0.00	$0.00	$0.00	

FY27 Budget	Department Request	Town Mgr Recommendation	Council Action	Increase (Decrease)
	$0.00	$0.00		$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

All fringe benefits have been moved into a new Account # 18090000

Fiscal Year 2027
Budget Request

March 4, 2026 **Department:** Health Officer

Account Title: Workers Compenstion Insurance

Department Number: 13030500 Account Number: 50202

FY24 Actual	FY25 Budget	FY25 Actual	FY26 Budget	FY26 Est. Expended
($138.00)	$35.00	$31.00	$106.49	

FY27 Budget	Department Request	Town Mgr Recommendation	Council Action	Increase (Decrease)
		$0.00		($106.49)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

All fringe benefits have been moved into a new Account # 18090000

Fiscal Year 2027
Budget Request

March 4, 2026 **Department:** Health Officer

Account Title: MePERS

Department Number: 13030500 Account Number: 50210

FY24 Actual	FY25 Budget	FY25 Actual	FY26 Budget	FY26 Est. Expended
$253.80	$0.00	$0.00	$818.40	

FY27 Budget	Department Request	Town Mgr Recommendation	Council Action	Increase (Decrease)
	$0.00	$0.00		($818.40)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

All fringe benefits have been moved into a new Account # 18090000

Fiscal Year 2027
Budget Request

March 4, 2026 **Department:** Health Officer

Account Title: Health Insurance

Department Number: 13030500 Account Number: 50220

FY24 Actual	FY25 Budget	FY25 Actual	FY26 Budget	FY26 Est. Expended
$0.00	$0.00	$0.00	$0.00	

FY27 Budget	Department Request	Town Mgr Recommendation	Council Action	Increase (Decrease)
	$0.00	$0.00		$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

All fringe benefits have been moved into a new Account # 18090000

Fiscal Year 2027
Budget Request

March 4, 2026 **Department:** Health Officer

Account Title: HRA Costs

Department Number: 13030500 Account Number: 50221

FY24 Actual	FY25 Budget	FY25 Actual	FY26 Budget	FY26 Est. Expended
$0.00	$0.00	$0.00	$0.00	

FY27 Budget	Department Request	Town Mgr Recommendation	Council Action	Increase (Decrease)
	$0.00	$0.00		$0.00

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

All fringe benefits have been moved into a new Account # 18090000

Fiscal Year 2027
Budget Request

March 4, 2026 **Department:** Health Officer

Account Title: FICA Employer Share

Department Number: 13030500 Account Number: 50230

FY24 Actual	FY25 Budget	FY25 Actual	FY26 Budget	FY26 Est. Expended
$143.82	$0.00	$0.00	$505.30	

FY27 Budget	Department Request	Town Mgr Recommendation	Council Action	Increase (Decrease)
	$0.00	$0.00		($505.30)

Support for Budget Request: Provide justification for the budget request using as much detail as possible to support it. Examples of acceptable support include unit costs, quantity estimates, price quotes, etc. Requests based solely on a percentage increase above the previous budget will not be accepted. Use additional sheets if necessary.

All fringe benefits have been moved into a new Account # 18090000