

THEC Financial Estimate Form
Please Enter the Name of the Institution Here
Please Enter the Name of the Proposed Program Here

Five-year projections are required for baccalaureate and post-baccalaureate programs and certificates. Three-year projections are required for associate degrees and undergraduate certificates. Projections should include cost of living increases per year.

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|----------------------------------|-------------|-------------|-------------|-------------|-------------|
| I. Expenditures | | | | | |
| A. One-time Expenditures | | | | | |
| New/Renovated Space | \$ - | \$ - | \$ - | \$ - | \$ - |
| Equipment | - | - | - | - | - |
| Library | - | - | - | - | - |
| Consultants | - | - | - | - | - |
| Travel | - | - | - | - | - |
| Other | - | - | - | - | - |
| Sub-Total One-time | \$ - | \$ - | \$ - | \$ - | \$ - |
| B. Recurring Expenditures | | | | | |
| Personnel | | | | | |
| Administration | | | | | |
| Salary | \$ - | \$ - | \$ - | \$ - | \$ - |
| Benefits | - | - | - | - | - |
| Sub-Total Administration | - | - | - | - | - |
| Faculty | | | | | |
| Salary | \$ - | \$ - | \$ - | \$ - | \$ - |
| Benefits | - | - | - | - | - |
| Sub-Total Faculty | \$ - | \$ - | \$ - | \$ - | \$ - |
| Support Staff | | | | | |
| Salary | \$ - | \$ - | \$ - | \$ - | \$ - |
| Benefits | - | - | - | - | - |
| Sub-Total Support Staff | \$ - | \$ - | \$ - | \$ - | \$ - |
| Graduate Assistants | | | | | |
| Salary | \$ - | \$ - | \$ - | \$ - | \$ - |
| Benefits | - | - | - | - | - |
| Tuition and Fees* (See Below) | - | - | - | - | - |
| Sub-Total Graduate Assistants | \$ - | \$ - | \$ - | \$ - | \$ - |
| Operating | | | | | |
| Travel | \$ - | \$ - | \$ - | \$ - | \$ - |
| Printing | - | - | - | - | - |
| Equipment | - | - | - | - | - |
| Other | - | - | - | - | - |
| Sub-Total Operating | \$ - | \$ - | \$ - | \$ - | \$ - |
| Total Recurring | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL EXPENDITURES (A+B) | \$ - | \$ - | \$ - | \$ - | \$ - |

*If tuition and fees for Graduate Assistants are included, please provide the following information.

| | | | | | |
|-------------------------------|------|------|------|------|------|
| Base Tuition and Fees Rate | \$ - | \$ - | \$ - | \$ - | \$ - |
| Number of Graduate Assistants | - | - | - | - | - |

II. Revenue

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|--|-------------|-------------|-------------|-------------|-------------|
| Tuition and Fees ¹ | - | - | - | - | - |
| Institutional Reallocations ² | - | - | - | - | - |
| Federal Grants ³ | - | - | - | - | - |
| Private Grants or Gifts ⁴ | - | - | - | - | - |
| Other ⁵ | - | - | - | - | - |
| TOTAL REVENUES | \$ - | \$ - | \$ - | \$ - | \$ - |

Notes:

1. In what year is tuition and fee revenue expected to be generated and explain any differential fees. Tuition and fees include maintenance fees, out-of-state tuition, and any applicable earmarked fees for the program.

2. Please identify the source(s) of the institutional reallocations, and grant matching requirements if applicable.

3. Please provide the source(s) of the Federal Grant including the granting department and CFDA number.

4. Please provide the name of the organization(s) or individual(s) providing grant(s) or gift(s).

5. Please provide information regarding other sources of the funding.