Tennessee Higher Education Commission Appendix A: THEC Financial Projections Form Please Enter the Name of the Institution Here Please Enter the Name of the Proposed Academic Program Here

Seven-year projections are required for doctoral programs.

Five-year projections are required for baccalaureate and Master's degree programs

Three-year projections are required for associate degrees and undergraduate certificates.

 ${\it Projections should include cost of living increases per year.}$

Planning year projections are not required but should be included when appropriate.

| | Planning Year | Year | 1 | Y | ear 2 | , | Year 3 | Y | ear 4 | Y | ear 5 | , | Year 6 | Ye | ear 7 |
|----------------------------------|---------------|------|---|----|-------|----|--------|----|-------|----|-------|----|--------|----|-------|
| I. Expenditures | | | | | | | | | | | | | | | |
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| A. One-time Expenditures | | | | | | | | | | | | | | | |
| New/Renovated Space ¹ | \$ - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |
| 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 SYNCHINITURES (4) | | | | | | | | | | | | | | | |
| TOTAL EXPENDITURES (A + B) | \$ - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |

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

 Base Tuition and Fees Rate
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II. Revenue

Tuition and Fees² Institutional Reallocations³ Federal Grants⁴ Private Grants or Gifts⁵ Other⁶

BALANCED BUDGET LINE

| Planning Year | | Year 1 | | Year 2 | | Year 3 | | Year 4 | | Year 5 | | Year 6 | | Year 7 | |
|---------------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|
| | | | | | | | | | | | | | | | |
| \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |
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Notes:

| (1) Provide the funding source(s) for the new or renovated space. |
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| (2) In what year is tuition and fee revenue expected to be generated? Tuition and fees include maintenance fees, out-of-state tuition, and any applicable earmarked fees |
| for the program. Explain any differential fees. |
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| (3) Identify the source(s) of the institutional reallocations, and grant matching requirements if applicable. |
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| (4) Provide the source(s) of the Federal Grant including the granting department and CFDA(Catalog of Federal Domestic Assistance) number. |
| (1), 10000 10000 1000 1000 1000 1000 1000 |
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| (5) Provide the name of the organization(s) or individual(s) providing grant(s) or gift(s). |
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| (6) Provide information regarding other sources of the funding. |
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