



Budget Outline

Estimated Costs & Sources of Funds for Proposed Program

(Total new resources required to handle the increased workload, if any. If no new resources are required, the budgetary impact should be reported as zero. See "Budget Outline Instructions" on the Forms and Guidelines Web site.)

Institution: _____

Program: _____

Academic Year: _____

indicate the year: **First** **Second** **Third** **Fourth**; prepare **one** page **each** of the first **four** years.

Column A	Column B	Column C	Column D	Column E	Column F
From Current Budgetary Unit	Institutional Reallocation from Other Budgetary Unit	From Special State Appropriation Request	From Federal Funds & Other Grants	From Fees, Sales, & Other Income	LINE ITEM TOTAL

Personnel						
Faculty (Include FTE)						
Graduate Assistants (Include FTE)						
Support Staff (Include FTE)						
Fellowships/Scholarships						
OPE						
Nonrecurring						
Personnel Subtotal:						
Other Resources						
Library/Printed						
Library/Electronic						
Supplies and Services						
Equipment						
Other Expenses						
Other Resources Subtotal:						
Physical Facilities						
Construction						
Major Renovation						
Other Expenses						
Physical Facilities Subtotal:						
GRAND TOTALS:						