Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part I. Anticipated Enrollment** | | Implementation Year | | | | |
| Please state how many students/credit hours are expected during the initial year of the program? | | | | | | |
|  | | Full-Time | | | Part-Time | |
| A. Headcount: | | -- | | | -- | |
| **Part II. Initial Budget** | | Implementation Year | | | | |
| 1. Faculty | | Existing: | New: | | | Funding Source: |
| Full-time | # | $ | $ | | |  |
| Part-time/Adjunct | # | $ | $ | | |  |
|  | | Amount | | Funding Source | | |
| 1. Equipment required for program | | $ | |  | | |
| 1. Tools and/or supplies required for the program | | $ | |  | | |
| 1. Instructional Supplies and Materials | | $ | |  | | |
| 1. Facility requirements, including facility modifications and/or classroom renovations | | $ | |  | | |
| 1. Technology and/or Software | | $ | |  | | |
| 1. Other *(Please identify; add lines as required)* | |  | |  | | |
| **Total For Implementation Year** | |  | |  | | |

IMPLEMENTATION COSTS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part I. Program Enrollment** | | Second and Third Years | | | | |
| Please state how many students/credit hours are expected during the first two years of the program? | | | | | | |
|  | | Full-Time | | | Part-Time | |
| A. Headcount: | | -- | | | -- | |
| **Part II. Ongoing Program Costs** | | First Two Years | | | | |
| 1. Faculty | | Existing: | New: | | | Funding Source: |
| Full-time | # | $ | $ | | |  |
| Part-time | # | $ | $ | | |  |
|  | | Amount | | Funding Source | | |
| 1. Equipment required for program | | $ | |  | | |
| 1. Tools and/or supplies required for the program | | $ | |  | | |
| 1. Instructional Supplies and Materials | | $ | |  | | |
| 1. Facility requirements, including facility modifications and/or classroom renovations | | $ | |  | | |
| 1. Technology and/or Software | | $ | |  | | |
| 1. Other *(Please identify; add lines as required)* | |  | |  | | |
| **Total For Program Sustainability** | |  | |  | | |

PROGRAM SUSTAINABILITY COSTS (Second and Third Years)

Please indicate any additional support and/or funding for the proposed program:

Submit the completed application and supporting documents to the following:

Director of Workforce Development

Kansas Board of Regents

1000 SW Jackson St., Suite 520

Topeka, Kansas 66612-1368