**Budget: allocation and expense statements November 2024)**

NOTE: Add/Delete Columns as necessary for projected budget through graduation of the charter class

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CATEGORY** | **CURRENT ACADEMIC YEAR (Year of Review)** | **PROPOSED YEAR** | PROPOSED YEAR | PROPOSED YEAR |
|  | ACTUAL **Identify Year:** | BUDGETEDIdentify Year: | BUDGETEDIdentify Year: | BUDGETEDIdentify Year: |
| INCOME (PROGRAM ALLOCATION) (would never be zero (0)) | | | | |
| **Source:**  **Source:**  **Source:** | $  $  $ | $  $  $ | $  $  $ | $  $  $ |
| **TOTAL** | **$** | **$** | **$** | **$** |
| **OPERATING EXPENSES** | | | | |
| SALARY EXPENSES, excluding benefits  Core Faculty  Associated Faculty  Staff | Core (FTEs:\_\_\_\_\_)  Associated (FTEs: \_\_\_)  $  $  $ | Core (FTEs:\_\_\_\_\_)  Associated (FTEs: \_\_\_)  $  $  $ | Core (FTEs:\_\_\_\_\_)  Associated (FTEs: \_\_\_)  $  $  $ | Core (FTEs:\_\_\_\_\_)  Associated (FTEs: \_\_\_)  $  $  $ |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **FACULTY DEVELOPMENT** | **$** | **$** | **$** | **$** |
| CLINICAL EDUCATION  Clinical Faculty Development  Travel to Clinical sites  Other | $  $  $  $ | $  $  $  $ | $  $  $  $ | $  $  $  $ |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **OPERATIONAL**  Supplies  Communication (Phone, mail, etc.)  Reproduction | $  $  $ | $  $  $ | $  $  $ | $  $  $ |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **EQUIPMENT**  Repairs  Acquisition  Rental | $  $  $ | $  $  $ | $  $  $ | $  $  $ |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| OTHER (Specify) | $  $ | $  $ | $  $ | $  $ |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **TOTAL OPERATING EXPENSES** **$** | **$** | **$** | **$** | **$** |