**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 benefitsCore FacultyAssociated FacultyStaff | Core (FTEs:\_\_\_\_\_)Associated (FTEs: \_\_\_)$ $ $  | Core (FTEs:\_\_\_\_\_)Associated (FTEs: \_\_\_)$ $ $  | Core (FTEs:\_\_\_\_\_)Associated (FTEs: \_\_\_)$ $ $  | Core (FTEs:\_\_\_\_\_)Associated (FTEs: \_\_\_) $ $ $  |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **FACULTY DEVELOPMENT** | **$**  | **$**  | **$**  | **$**  |
| CLINICAL EDUCATION Clinical Faculty DevelopmentTravel to Clinical sitesOther  | $ $ $ $  | $ $ $ $  | $ $ $ $  | $ $ $ $  |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **OPERATIONAL**SuppliesCommunication (Phone, mail, etc.)Reproduction  | $ $ $  | $ $ $  | $ $ $  | $ $ $  |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **EQUIPMENT**RepairsAcquisitionRental | $ $ $  | $ $ $  | $ $ $  | $ $ $  |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| OTHER (Specify)  | $ $  | $ $  | $ $  | $ $  |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **TOTAL OPERATING EXPENSES** **$** | **$**  | **$**  | **$**  | **$**  |