

PRELIMINARY FINANCIAL INFORMATION (Post-secondary Programs)

This information will be used to provide a 5-year Cash Flow Analysis to be included in the new program proposal. Once a preliminary financial analysis is completed, a follow-up meeting can be arranged to discuss any required changes prior to submitting the final version to the Director, Financial Planning for approval. **Please allow 2 weeks for completion of preliminary financials.**

Proposed Program Name: _____

Program Type (diploma, certificate, etc.): _____

Associate Dean/Department: _____

Proposed Start-up Date (academic year & term): _____

Date Submitted: _____

INSTITUTIONAL RESEARCH

1. **Has the Institutional Research analysis on tuition and grant values been completed?** Yes/No
Please note: IR analysis on tuition & grant values must be submitted to Finance with this financial information in order to complete the New Program Proposal costing.
2. **Review the tuition analysis and recommend the line items that most closely match the new program being proposed**

College	Program Name	MTCU Code	Base Tuition

PROGRAM ENROLMENT

3. **What is the projected enrolment for Semester 1 new intakes in Years 1 to 5?**

	Summer Intake	Fall Intake	Winter Intake
Year 1			
Year 2			
Year 3			
Year 4			
Year 5			

DELIVERY SEQUENCE

4. **How will the semesters flow in an academic year? Enter "R" on the chart below for "Regular" delivery (Fall/Winter delivery; summers off), or enter "A" for an "Accelerated" delivery (consecutive terms: Fall/Winter/Summer).**

	Summer Intake	Fall Intake	Winter Intake
Delivery			

ATTRITION RATE

5. What are the projected Attrition rates for each semester?

	Summer Intake	Fall Intake	Winter Intake
Sem 2			
Sem 3			
Sem 4			
Sem 5			
Sem 6			

PROGRAM OF STUDY (POS)

6. Provide the following details regarding the proposed program of study (this is a preliminary estimate that can be revised once the POS is finalized at the Proposal Development stage):

Criteria	#
# of semesters	
# students per section (lectures)	
# students per section (labs)	
# students per section (placement)	

Teaching Contact Hours (TCH)	# TCH/week		
	Lecture	Lab	Placement
Semester 1			
Semester 2			
Semester 3			
Semester 4			
Semester 5			
Semester 6			

SEMESTER DURATION

7. All semesters assumed to be 14-week duration unless filled in below.

Semester:	SEM01	SEM02	SEM03	SEM04	SEM05	SEM06
# Weeks/Semester:						

ADMINISTRATIVE REQUIREMENTS

8. Please answer the following questions:

Is a Program Coordinator required? (if yes, please specify level) No Step 1 Step 2

Are other additional Support Staff required over and above the department's current staff? (if yes, specify Full-time (provide pay band level) or Part-time (include number of hours per term and pay band level)) No FT PT

New FT Support Payband: _____

New PT Support Hourly Rate and Hours per Term: _____

STAFFING

9. Enter # of FT faculty members each year (assume each FT faculty teaches 420 TCHs over 2 terms or 525 including the summer term).

Year:	Year 1	Year 2	Year 3	Year 4	Year 5
Quantity of FT faculty:	Not allowed				

New Faculty Step Level: _____

Justification for FT staffing:

OPERATING BUDGET REQUIREMENTS

10. Please provide preliminary estimates of expenses related to the academic delivery of the program:

Operating Exp	Year 1	Year 2	Year 3	Year 4	Year 5
Curriculum Development (max \$2,000/course)	\$	\$	\$	\$	\$
Equipment Maintenance	\$	\$	\$	\$	\$
Fees (Licensing, etc.)	\$	\$	\$	\$	\$
Lab materials	\$	\$	\$	\$	\$
New – Library Resources – confirm with Library Director (print material, subscriptions, online resources, etc.)	\$	\$	\$	\$	\$
Small Equipment	\$	\$	\$	\$	\$
Travel/PD costs	\$	\$	\$	\$	\$
Initial Advertising & Promo Materials	\$	\$	\$	\$	\$
Other (please specify)	\$	\$	\$	\$	\$

Note: Administrative overhead will be calculated in the final financial template based on a costing methodology.

CAPITAL REQUIREMENTS

11. What are the projected capital expenses/start-up costs for the program?

Operating Exp	Year 1	Year 2	Year 3	Year 4	Year 5
Capital Equipment – Information Technology	\$	\$	\$	\$	\$
Capital Equipment – Equipment & Furniture	\$	\$	\$	\$	\$
Capital Equipment – Major Equipment	\$	\$	\$	\$	\$
Capital Equipment – Vehicles	\$	\$	\$	\$	\$
Renovations	\$	\$	\$	\$	\$
Other (please specify)	\$	\$	\$	\$	\$

OTHER CONSIDERATIONS

12. Are there any financial considerations to be reflected in the program financials? (e.g. clustering programs, etc.)

Please e-mail the completed template to: nadine.williams-brown@mohawkcollege.ca

Preliminary financials will be prepared and e-mailed to you for review. Thank you