**Program Expense Budget**

**Council on Social Work Education**

**Commission on Accreditation**

**2015 EPAS**

This form is used to evaluate a program’s compliance with Accreditation Standard (AS) 3.4.1.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AS 3.4.1**  The program describes the procedures for budget development and administration it uses to achieve its mission and goals. The program submits a completed budget form and explains how its financial resources are sufficient and stable to achieve its mission and goals. | | | | | | | | | | | |
| Provide all of the information requested below. If accredited baccalaureate and master’s programs are being reviewed at the same time, use one form for each program. | | | | | | | | | | | |
| Type of Program: |  | | Baccalaureate | | |  | | Master’s | |  | |
|  | | | | | | | | | | | |
| **Program**  **Expenses** | | **Previous Year**  **20\_\_\_** | | | **Current Year**  **20\_\_\_** | | | | **Next Year**  **20\_\_\_** | | |
|  | | **Dollar Amount** | | **% Hard Money** | **Dollar Amount** | | **% Hard Money** | | **Dollar Amount** | | **% Hard Money** |
| Faculty &  Administrators | |  | |  |  | |  | |  | |  |
| Support Staff | |  | |  |  | |  | |  | |  |
| Temporary or Adjunct Faculty & Field Staff | |  | |  |  | |  | |  | |  |
| Fringe | |  | |  |  | |  | |  | |  |
| Supplies & Services | |  | |  |  | |  | |  | |  |
| Travel | |  | |  |  | |  | |  | |  |
| Student  Financial Aid | |  | |  |  | |  | |  | |  |
| Technological Resources | |  | |  |  | |  | |  | |  |
| Other (Specify) | |  | |  |  | |  | |  | |  |
| **TOTAL** | |  | | ------- |  | | ------- | |  | | ------- |