

1. Provide a statement that outlines the justification(s) and goals of the program.

2. Total Semester Credit Hours: _____

3. Projected Enrollment: 1st Semester _____ 2nd Semester _____

4. Annual Wage Projections: District:\$ _____ State:\$ _____
 (Please include verification of where information is located, i.e., copy of information on site, screenshot, or link.)

5. Employment Projections: District: _____ % State: _____ %
 (Please include verification of where information is located, i.e., copy of information on site, screenshot, or link.)

6. Identify Technical Skill Assessment: _____

7. Curriculum:

- If a statewide curriculum exists that has been resequenced in the 30/45/60 SCH Stackable Credentials format, provide a copy of the 30/45/60 Course Sequence from the curriculum. Show as “Attachment A”.
- If a curriculum exists that has not been resequenced in the 30/45/60 SCH Stackable Credentials format, you must include, as Attachment I, a course listing following the 30/45/60 Course Sequencing format including the course number, title, and credit hour. Also, include the course description for each core course (not including general education course) in the curriculum. Show as “Attachment A”.

8. **PROGRAM DUPLICATION:** Enter name and location of other community/junior colleges (statewide) operating the same or similar training program. (MCCB will provide a list if needed.)

9. **FUNDING:** Please estimate the amount of revenue and expense for operation of the program by source of funds beginning with first fiscal year for which funds are requested and two sequential years.

REVENUE	FY _____	FY _____	FY _____
Local Funds	\$ _____	\$ _____	\$ _____
State Funds (SBCJC)	\$ 0*	\$ _____	\$ _____
Student Fees	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____
Total amount of funding	\$ _____	\$ _____	\$ _____

Revised June 10, 2019

EXPENSES	FY _____	FY _____	FY _____
Facility Cost	\$ _____	\$ _____	\$ _____
Equipment Cost	\$ _____	\$ _____	\$ _____
Supply Cost	\$ _____	\$ _____	\$ _____
Salary/Fringe Benefit Cost	\$ _____	\$ _____	\$ _____
Professional Development	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL COST	\$ _____	\$ _____	\$ _____

***No FTE funding is available during the first year of the program. The second year of funding is based on an FTE audit of students enrolled during the first year.**

Official Use	Mississippi Community College Board	
Approved	<input type="checkbox"/>	Date <u> / / </u>
Disapproved	<input type="checkbox"/>	Date <u> / / </u>
Other	<input type="checkbox"/>	Date <u> / / </u>
Action by the Mississippi Community College Board		