OSU Internal Budget Outline Form

Estimated Costs and Sources of Funds for Proposed Program

Total new resources allocated to the Proposed Program, if any.
If no change in resources is required, the budgetary impact should be reported as zero.

PROGRAM TITLE: #REF!

BUDGET PERIOD: From FY #REF! to FY #REF!

Business Center #REF! Date #REF!
Name and Title of Reviewer #REF!

	One Time Years 1 & 2			
	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Fiscal Year 4
Personnel				
Faculty, Tenured/Tenure-track				
Faculty, fixed-term				
Sub-total, Faculty	-	-	-	-
Graduate Assistants				
Support Staff				
Fellowship/Scholarship				
OPE				
Personnel Subtotal	-	-	-	-
Other Expenses				
Library, Printed				
Library, Electronic				
Services & Supplies	2,000	2,000		
Capital Equipment				
Other Resources Subtotal	2,000	2,000	-	-
Physical Facilities				
Construction				
Major Renovation				
Other Expenses				
Physical Facilities Subtotal	-	-	-	-
Total Cost of Program	**2,000**	**2,000**	**-**	**-**
Resources				
Current Budget, unit	2,000	2,000		
Tuition (e campus, differential)				
Institutional Reallocation from other budgetary units				
Special State Appropriation				
Federal Funds and other Grants				
Fees/Sales				
Foundation Endowment				
Tuition remission (GA support)				
Other, describe:				
Total Resources	**2,000**	**2,000**	**-**	**-**

Note: Please include budget narrative describing items listed above.