

Attachment 9 - TEMPLATE B: Five-year Budget Projection of Financial Viability for Planned Nursing Education Program (NEP)

Instructions

Completion of the NEP Budget is a requirement for all new nursing education program . Incomplete or vague responses will delay the processing of your application as completion or clarification will be requested. The NEP Budget provides the Board with all details on areas that will impact the financial success of a new NEP as well as guidance to potential areas that may be overlooked when starting a NEP.

New Nursing Education Program Financial Requirements

Each new nursing education program applicant is required to submit the following minimum financial requirements:

- 1) Business Plan
- 2) Profit & Loss Proforma

If applicants are having difficulty understanding or completing any part of the NEP Budget documents, they are strongly encouraged to seek the guidance of a financial professional.

Refer to: www.dos.pa.gov/nurse for the Board's Rule & Regulations

Professional Nursing Program Establishment Section 21.51

Practical Nursing Program Establishment Section 21.172

New Nursing Education Program Business Plan

Business Plan Summary

Program Name:

Program Overview

Briefly describe the purpose / goals of your Program (both short and long term):

Program Information

Anticipated start date of first class	<div></div>	(Must enter as mm/dd/yy)			
	<div></div>				
	Length of Program (in weeks)	Gross Tuition	# of Starts in First Year	# of Student per Start	Total # of Starts 1st Year
Name of program offered at Start-up					
(1)	<div></div>	<div></div>	<div></div>	<div></div>	
(2)	<div></div>	<div></div>	<div></div>	<div></div>	
(3)	<div></div>	<div></div>	<div></div>	<div></div>	
Total					
Future Program Considerations: <div></div>					

Facilities (Include floor plan of facility with Application submission)

Is the building owned or leased?					
What is the max # of students your school can serve?				Shift Information	Hours
If leased, what is the length of the lease (in years)?					(to-from)
Size of location	# of Rooms	Sq Footage		# of Rotations	Days
Classrooms				Morning	
Labs - Computer				Afternoon	
Labs - Other*				Evening	
Administrative/Other				Weekend	
				Other	

* Includes medical labs, garages, kitchens used for instruction, etc.)

Staffing (expected at Start Up)

	# of Staff			# of Staff	
	Part Time	Full Time		Part Time	Full Time
School Director			Faculty		
Admissions			Coordinators		
Financial Aid			Program Directors		
Career/Student Services			Registrar		
Bursar/Accounting			Other / Administrative		
			Total Staff		

Capital Equipment

		Cost	Useful Life (Years):
Building - if leased, monthly rent:		If owned, cost:	
Building / Leasehold Improvements (Fit-out Costs)			
Furniture / Fixtures			
Office Equipment (computers, servers, fax machines)			
Classroom Equipment (lab equipment, instructional equipment)			
Goodwill			
Curriculum			
Other Fixed Assets	Describe:		Cost:

Capitalization / Ownership Structure

Type of Organization (e.g. Corporation, LLC, Not-for-profit 501(c)(3), etc.)	
How will the capital investment be made? (stock, loan, other capital, etc.)	
Who will be the major stakeholders? (please list parent company name, individual(s) names, etc.)	
Other Financial Resources Available to Sustain the school (e.g. Letter of Credit, etc.) please describe:	

Other Business

Is other business conducted at the program?	
If answered Yes to either question, briefly describe the activities (include contracted training):	

Accreditation

Will accreditation be pursued?	
Accrediting Body?	
Anticipated approval date	

Advertising / Marketing Plan

Please describe plan for recruiting students (describe type of media used to advertise, geographic area targeted, average demographic of student, etc.)

Student Funding / Accounts Receivable (Attach all Policies to Application)

Is Title IV Aid anticipated?

How will most students be financing their education?

Will the school be extending students credit / offering payment plans? (Yes / No)

If yes, please describe the terms of the loan / payment plans (including what services, if any, will be withheld):

Briefly describe procedures / policies for collecting accounts receivables (i.e. call, letter, collection, dismissal, etc.):

Briefly describe all financial aid policies and procedure relating to scholarships, loand, and grants.

Refund Policy

Please describe your refund policies governing fees and tuition paid by students :

Cost of Attending (COA) vs. Starting Salary/Student Loans

Program being Offered	Tuition	Fees*	Total Cost of Attndg		Estimated StdN Loans
(1)					
(2)					
(3)					
StdN Loans vs. Starting Salary					

*Fees include **ALL** other fees, expenses, costs the student is expected to pay the school for items such as uniforms, equipment, books, lab fees, graduation fees, etc. If the fees are paid each semester, calculate the total cost for a student's attendance at the school for the entire program. For the purposes of this schedule, base the fees on a full time student attending during the day.

Affiliations

Will any Federal or State job training funds be used (e.g. Workforce Investment Act)?

If yes, please describe (include current status, length of agreement(s), limits on enrollments/funding, etc.):

Please describe any other affiliations / related party relationships (e.g. donors, charitable organizations, etc.) and the impact on your organizations (e.g. free rent, donation of equipment, etc.):

Please check here if additional information is being attached / enclosed

☐ Additional Information Attached

Name of Person completing the form:

Affiliation with the school:

Address of Person Completing Form:

Director:

Date

By placing my name above, I certify that the information contained in this application is accurate and true.

END OF FORM - PROCEED TO NEXT TAB

Profit and Loss Statement for Year 1 through 5

Name of Person completing the form:

Affiliation with the school:

Address of Person Completing Form:

Program Director: Date:

By signing my name above, I certify that the information contained in this application is accurate and true.

Please check here if additional information is being attached / enclosed ☐ [Additional Information Attached](#)

