SHORT-TERM ADULT PROGRAM PROPOSAL

_____Instructor

Name/Subject Matter of Class _____

Enrollment Goal (avg./session) _____

Number of Sessions _____

Dates, Topics and Instructor(s) Hours for Each Session:

Day/Date	Topic	Instructor/Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Instructor Hours _____

Program Cost:

Instructor Salary $ _____   _____ Hours x $ _____ /hr

Teaching Supplies/Resources (specify) $ _____   _____

Consumables (specify) $ _____   _____

Other (specify) $ _____   _____

Total Projected Cost $ _____

Program Cost Recovery:

Instructor Salary Reimbursement/DESE $ _____   _____ Hours x $ _____ /hr

Projected Enrollment Fees $ _____ $ _____ x _____ Enrollees

Consumable Recovery Fee (specify) $ _____ $ _____ x _____ Enrollees

Other (specify) $ _____   _____

Total Projected Cost Recovery $ _____