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**Commission on Accreditation (COA)**

**Department of Social Work Accreditation (DOSWA)**

*Baccalaureate and Master’s Social Work Program Accreditation*

**2022 EPAS**

**Form AS 4.4.1 | Budget Form**

*[Delete this help text before submission: Delete the directions before submission.]*

**Directions**

**Purpose**

* Complete this form to identify the program’s financial resources per *Accreditation Standard 4.4.1*.
* A copy of this form is embedded in the required Volume 1 templates for Benchmark 1, Benchmark 2, and Reaffirmation / Initial Accreditation Self-study.

**Formatting & Submission**

* Submit this form within your accreditation documents, which may be submitted as a Microsoft Word document or searchable PDF, per policy [*1.2.11. Document Submission Policy*](https://www.cswe.org/accreditation/accreditation-process/epas-handbook/1-overview/1-2-coa-policies-and-procedures/1-2-11-document-submission-policy/) in the EPAS Handbook.
  + Accreditation documents must be a single document and may not include separate attachments nor appendices.
  + Scanned documents will not be accepted.
* Email completed accreditation documents to the program’s assigned [Accreditation Specialist](https://www.cswe.org/accreditation/info/contact-accreditation-staff/) by the due date.

**Timeframe for Review & Response**

Accreditation documents are reviewed and processed at the assigned COA meeting. Programs and their institution’s president / chancellor will receive a decision letter 30-days after the conclusion of the COA meeting.

## Program Level:

*(check one only)*

Baccalaureate

Master’s

## Program Budget

|  |  |  |  |
| --- | --- | --- | --- |
| Program Budget Expenses | Previous Year:  20YY-20YY | Current Year:  20YY-20YY | Next Year:  20YY-20YY |
| **Full-time Faculty Salaries** | $ | $ | $ |
| **Administrator Salaries** | $ | $ | $ |
| **Part-time Faculty Salaries** | $ | $ | $ |
| **Staff Salaries** | $ | $ | $ |
| **Fringe Benefits**  *(for all faculty, administrators, & staff)* | $ | $ | $ |
| **Student Financial Aid** | $ | $ | $ |
| **Technological Resources** | $ | $ | $ |
| **Supplies & Ancillary Services** | $ | $ | $ |
| **Travel**  *(for all faculty, administrators, staff, & students)* | $ | $ | $ |
| **Other, please specify** | $ | $ | $ |
| **Total:** | **$** | **$** | **$** |