

**Financial Forecast Cover Page
Instructions**

1. Complete all items on the COVER PAGE, regulations 10a-22k-3(b)(8)
2. Before completing the Forms, read thoroughly the attached INSTRUCTIONS FOR COMPLETING FINANCIAL FORECASTS.
3. **EDIT CHECK MUST BE COMPLETED BY A LICENSED PUBLIC ACCOUNTANT OR LICENSED CERTIFIED PUBLIC ACCOUNTANT** and responsible manager in accordance with Ch. 389 CGS.
4. Submit the completed examined FINANCIAL FORECAST with cover letter and footnotes or notes prepared by the licensed certified public accountant or licensed public accountant to: State of Connecticut, Department of Higher Education, 61 Woodland Street, Hartford, CT 06105. ATTN: Private Occupational School Approval Unit.
5. The Financial Forecast must be completed as outlined. For any questions please call 860-947-1816.

Examined FINANCIAL FORECAST

Period of _____ to _____

Name of School _____

Address _____

EDIT CHECK

1. Financial forecast examined (Fin 1-2) _____
2. Comparative forecasted Balance Sheet (Fin 3-4) completed _____
3. Schedules A through F (Fin 5-6) completed _____
4. Forecasted comparative income statement (Fin 7) completed _____
5. Schedules G through H (Fin 8-9) completed _____
6. Forecasted Statement of cash flows (Fin 10) completed _____
7. Schedules I through M (Fin 11-12) completed _____
8. Statement of affirmation (Fin 13) completed _____
9. Statement of Fiscal Position (Fin 13) completed _____
10. Auditor's cover letter and footnotes included _____
11. Name and address of school, where required, stated on each page _____
12. Reporting period stated on each page _____
13. If CONSOLIDATED FORECAST, consolidated report and separate financial forecasts for each school and/or branch included _____
14. All Items on COVER PAGE completed _____

EDIT CHECK has been completed by:

1) _____
Name and Title _____ Date _____

Telephone Number

2) _____
Responsible Manager _____ Date _____

Telephone Number