

Request for a Remote Site Code and Eligibility for the Small Class Supplement in the Health-Related I&O Funding Model

Instructions: To obtain a remote site code in the HRI Instruction and Operations (I&O) formula, as provided for in the General Appropriations Act, institutions must send an email that contains a PDF of the below form to funding@highered.texas.gov. Replace the bracketed text with what is being called for. Please note existing remote sites as of January 1, 2024, are not required to submit this form. Provision of the Small Class Supplement depends on legislative action to appropriate funding for that purpose.

Category	Requirement	Institutional Response
Specific Legislative Authorization Proposed	The remote campus must be proposed for authorization by legislative action, such as a rider or statute to establish the separate site of the campus. Note that if a new remote campus is not authorized by legislative action, the Small Class Supplement will not be provided.	[Copy of rider/statute proposed]
Remote Teaching Site Code	The campus must be established as a remote teaching site. Codes are provided by the Texas Higher Education Coordinating Board's Educational Data Center. Please indicate whether you are requesting a new site code.	[Request new site code.]
Facilities Inventory Report	The campus facilities must be in the facilities inventory report certified by the institution at the time the Space Projection Model is calculated.	[Acknowledge understanding of the requirement]
Site County	The remote campus cannot be in the same county as the main campus. There may be more than one remote campus in a county provided it meets all the criteria for eligibility.	[Provide the site county]
Fiscal and Operational Responsibility	The main campus is financially and operationally responsible for the remote campus being considered for the supplement. The institution will not include non-resident students who are taking only distance education courses delivered outside the state.	[Acknowledge understanding of the requirement]

Institution Name: _____

Institution FICE: _____

CFO Signature: _____

Date: _____