**Kansas Nursing Initiative Grant**

**Final Expenditure Report – FY 25**

Instructions:

1. Use the two tables below to report separately on the funds awarded 1. for the original application award and 2. for the additional allocation.
2. Include in the tables only funds from the State grant award, not the institutional match.
3. Provide the match totals under the tables in the summary sections
4. Note any unspent funds. Unspent funds must be returned by check to:

Attn: Vera Brown

Kansas Board of Regents

1000 SW Jackson St. Ste 520

Topeka, KS 66612

If possible, please include a note that the funds are from the “FY25 Nursing Grant”

**Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Nursing Grant Award (Original Application)**

|  |  |  |
| --- | --- | --- |
| **Final Expenditures****(Add lines as necessary)** | **Item Amount** | **Total** |
|  Faculty Development & Support |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|  Student Support Services |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|  Consumable Supplies |   |   |
|   |   |   |
|   |  |  |
|   |   **Total for Project** |   |

**Summary of the Original Application Award:**

**FY24 Initial Award $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FY24 Expenditures $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount unexpended, if any $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Institutional match $ \_\_\_\_\_\_\_\_\_\_\_**

1. **Nursing Grant Allocation**

|  |  |  |
| --- | --- | --- |
| **Final Expenditures****(Add lines as necessary)** | **Item Amount** | **Total** |
|  Faculty Development & Support |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|  Student Support Services |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|  Consumable Supplies |   |   |
|   |   |   |
|   |  |  |
|   |   **Total for Project** |   |

**Summary of the Additional Allocation:**

**FY24 Initial Award $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FY24 Expenditures $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount unexpended, if any $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Institutional match $ \_\_\_\_\_\_\_\_\_\_\_\_**

***Due to*** WFDgrants@ksbor.org ***by 7/15/2025***