**Kansas Nursing Initiative Grant**

**Final Expenditure Report – FY\_\_\_\_\_**

(Include in the table **only** funds from the State grant award,

not the institutional match)

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

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

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

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

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

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

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