**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](mailto:WFDgrants@ksbor.org) ***by 7/15/2025***