**KANSAS NURSING INITIATIVE GRANT**

**FINAL REPORT**

**FY\_\_\_\_\_**

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

**Describe the results of each activity funded with the grant. Add sections as needed.**

1. **Activity:** (example: professional development)  Funding: $

**Result/Evaluation of Activity & Final Outcomes:**

1. **Activity:** (example: ATI services) Funding: $

**Result/Evaluation of Activity & Final Outcomes:**

1. **Activity:** (example: new faculty salary) Funding: $

**Result/Evaluation of Activity & Final Outcomes:**

**TOTAL GRANT FUNDS EXPENDED $**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Printed Name/Title**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Signature Date**

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