**KANSAS NURSING INITIATIVE GRANT**

**FINAL REPORT**

**FY25**

Instructions:

1. In the sections below, describe the results of the activities funded by the FY25 Nursing Grant. Please report separately on the activities funded with 1. the original application award and 2. the additional allocation.
2. Include only activities funded from the State grant award, not the institutional match.
3. Sign and date the report.

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

1. **Describe the results of each activity funded with the original FY25 Nursing Grant application award. Add sections as needed.**
2. **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 $**

1. **Describe the results of each activity funded with the additional FY25 Nursing Grant allocation. Add sections as needed.**
2. **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***