**Kansas Nursing Initiative Grant**

**Budget Modification FY\_\_\_\_**

(Include only those funds that are being requested through the grant,

not the institutional match)

|  |  |  |
| --- | --- | --- |
| **Budgeted Item**  **(Add lines as necessary)** | **Original Budget Total** | **Revised Budget Total** |
| Faculty Development & Support |  |  |
|  |  |  |
|  |  |  |
| Student Support Services |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Consumable Supplies |  |  |
|  |  |  |
|  |  |  |
| Additional PPE |  |  |
|  |  |  |
|  |  |  |
| **Nursing Grant Total** |  |  |

NURSING PROGRAM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_

KBOR USE ONLY

\_\_\_\_\_\_\_\_ APPROVED \_\_\_\_\_\_\_ NOT APPROVED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KBOR AUTHORIZED SIGNATURE DATE