**KANSAS BOARD OF REGENTS**

 **KANSAS NURSING INITIATIVE ANNUAL REPORT**

*Thank you for your willingness to be part of the Kansas Nursing Initiative this year. So that we may provide the Legislature with a complete picture of how the funding from this initiative has impacted your specific program(s) and the nursing shortage in Kansas, it is important that the information we receive from you is accurate and complete. As a reminder, grant funds must be matched dollar for dollar with institutional non-state funds. In addition, annual allocations may not be carried forward. Any unexpended annual grant funds must be returned to KBOR.*

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

Nursing Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Grant Allocation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting Period: **FY 2017**

**NURSING SALARY & SUPPLIES GRANT**

**CATEGORY: NURSING FACULTY SALARIES (FY 2017)**

 **Dollar for Dollar Match requirement (1:1)**

1. Total amount spent on faculty salaries (wages plus benefits) by June 30, 2017:

Grant Dollars: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Match Dollars: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Dollars: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Total unduplicated number of faculty positions (FT and PT) **filled** using FY17 funding provided by this grant:

FT Positions: \_\_\_\_\_\_\_\_\_ PT Positions: \_\_\_\_\_\_\_\_\_

(If a position was filled, but then became vacant this past year, please consider that position still vacant)

**CATEGORY: NURSING PROGRAM SUPPLIES (FY2017)**

 **Dollar for Dollar Match requirement (1:1)**

1. Total amount spent on nursing program supplies by June 30, 2017:

Grant Dollars: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Match Dollars: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Dollars: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a list of all nursing program consumable classroom supplies purchased with these grant funds in FY 2017. Please state item purchased, unit cost, how many, and total cost for the item(s). (you may attach a spreadsheet or document to this report itemizing the information required)

**ADDITIONAL NURSING STUDENTS:**

Please provide the number of additional nursing students you were able to accommodate this year (FY 2017) as a result of the nursing grant.

Additional nursing students accommodated: Undergraduate Students: \_\_\_\_\_\_\_\_\_\_

 Graduate Students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please submit this annual report no later than **July 31, 2017** to:

 Laura Leite

 Kansas Board of Regents

 1000 SW Jackson, Suite 520

 Topeka, KS 66612

 lleite@ksbor.org