



# Ohio Board of Nursing

www.nursing.ohio.gov

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

## NEGP Annual Report Year 1

First year of grant reporting period: September 1, 2019 to August 31, 2020

\_\_\_\_\_  
(Legal / Official name of the nursing education program)

\_\_\_\_\_  
(Contact Phone)

\_\_\_\_\_  
(Contact FAX)

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Email Address)

Grant Number: \_ \_

### Fund Balance Sheet

(A) Total Grant Funds Received during Year	\$
(B) Total Grant Funds Expended during Year	\$
(C) Grant Funds Returned during Year, if applicable	\$
(D) Grant Funds Received in Year that Remain Unspent	\$

(E) Comment and explanations for budgeted funds received during the year that remain unspent:

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

We certify that the information contained in this report is, to the best of our knowledge, correct and reflective of the grant's accounting records.

\_\_\_\_\_  
Signature of Grant Administrator / Date

\_\_\_\_\_  
Signature of Fiscal Officer / Date

**This report MUST BE SIGNED to be acknowledged as valid.**

**NEGP Annual Report Year 1**  
**Section 1: Personnel Costs**

Job Title, Name and Hourly Breakdown	Fund Budgeted for Year	Funds Expended for Year
Subtotal - Personnel Costs	\$	\$

CHECK IF MORE THAN ONE SHEET IS USED FOR THE SECTION    \_\_\_    \_\_\_ TOTAL SHEETS FOR SECTION 1

**NEGP Annual Report Year 1**

**Section 2: Other (Non-Personnel, Non-Equipment Costs) Approved for this grant**

List Items and Quantity	Fund Budgeted for Year	Funds Expended for Year
Subtotal – Other (Non-Personnel, Non-Equipment Costs) Approved for this grant	\$	\$

CHECK IF MORE THAN ONE SHEET IS USED FOR THE SECTION    \_\_\_    \_\_\_ TOTAL SHEETS FOR SECTION 2

**NEGP Annual Report Year 1  
Section 3: Equipment Costs**

List Items and Quantity	Fund Budgeted for Year	Funds Expended for Year
Subtotal – Equipment Costs	\$	\$

CHECK IF MORE THAN ONE SHEET IS USED FOR THE SECTION    \_\_\_    \_\_\_ TOTAL SHEETS FOR SECTION 3

**NEGP Annual Report Year 1**  
**Section 4: Unspent Funds and Reason**

List Unspent Funds and Reason

Obligated/encumbrance of  
 use of unspent Funds

Amount Pending Payment

List Unspent Funds and Reason	Obligated/encumbrance of use of unspent Funds	Amount Pending Payment
Subtotal – Outstanding Obligations / Encumbrances	\$	\$

CHECK IF MORE THAN ONE SHEET IS USED FOR THE SECTION    \_\_\_    \_\_\_ TOTAL SHEETS FOR SECTION 4

**NEGP Annual Report Year 1**

**Section 5 – Goals and Outcomes**

**Student enrollment “capacity” as of September 1, 2019:**\_\_ \_\_\_\_\_

**Student enrollment “capacity” as of August 31, 2020:**\_\_ \_\_\_\_\_

List the goals as they appeared in your grant application and describe the progress and method of evaluation used for each goal.

GOALS	PROGRESS (Narrative)	EVALUATION

CHECK IF MORE THAN ONE SHEET IS USED FOR THE SECTION    \_\_\_    \_\_\_ TOTAL SHEETS FOR SECTION 5