



NEGP Annual Report Year 2 (Final Report)

This is the Final Report due for Grant Period September 1, 2017 through August 31, 2019 Due on or before October 31, 2019

Form with fields for (Legal / Official name of the nursing education program), (Contact Phone), (Contact FAX), (Contact Person), and (Email Address).

Grant Number: _____ Grant Period Beginning: 9/1/2017 Ending: 8/31/2019

Fund Balance Sheet

Table with 2 columns: Description and Amount. Rows include (A) Total Grant Funds Received, (B) Total Grant Funds Expended, (C) Grant funds returned to Board, and (D) Grant Funds Received that Remain Unexpended.

(E) Any additional comment and/or explanation: _____

Student enrollment capacity of the Program as of September 1, 2017: _____ Student enrollment capacity of the Program as of August 31, 2019: _____

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.

2017-2019 NEGP Annual Report Year 2 (Final Report)
Section 1: Summary of Personnel Costs during Grant Period

Job Title, Name	Funds Budgeted in Grant Period	Funds Expended in Grant Period
Subtotal - Personnel Costs	\$	\$

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

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Section 2: Summary of Other (Non-Personnel, Non-Equipment Costs) expenditures during Grant Period

List Items and Quantity

Fund Budgeted in Grant
Period

Funds Expended in Grant
Period

List Items and Quantity	Fund Budgeted in Grant Period	Funds Expended in Grant Period
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

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Section 3: Summary of Equipment Costs

List Items and Quantity

Fund Budgeted in Grant
Period

Funds Expended in Grant
Period

List Items and Quantity	Fund Budgeted in Grant Period	Funds Expended in Grant Period
Subtotal – Equipment Costs	\$	\$

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

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Section 4: Unexpended Funds and Reason

List/ explain fund amounts unexpended as of
8/31/2019:

Reason for the unexpended funds:

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Amount of funds unexpended: \$

Amount returned to the Board (check payable Treasurer State of Ohio): \$

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

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Section 5 – Goals and Outcomes

List the goals as they appeared in your grant application and evaluate their achievement.

GOALS	EVALUATION

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