



Ohio Board of Nursing

www.nursing.ohio.gov

17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

OHIO BOARD OF NURSING Nurse Education Grant Program (NEGP) Quarterly Report

From: _____

To: _____

Grantee

(Contact Person)

(Contact Phone)

(Contact Fax)

(E-Mail Address)

Grant Number: _____

Grant Period
Beginning: _____

Ending: _____

(A) Total Grant Funds Received This Quarter	\$
(B) Total Personnel Expenditures This Quarter	\$
(C) Total Equipment Expenditures This Quarter	\$
(D) Non-Personnel, Non Equipment Expenditures	\$
(E) Total Expenditures This Quarter	\$
(F) Unspent Grant Funds This Quarter	\$

We certify that the information provided 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 Quarterly Financial Report From _____ To _____

Section 1: Personnel Costs

Job Title, Name and Hourly Breakdown (You will be asked to provide supporting documentation, e.g., payroll records, timesheets, etc. with the Annual Report.) Provide information that reconciles the funds requested in the proposal with the funds awarded and with the awarded funds expended.	Funds Expended Per Individual This Quarter
Total Personnel Costs This Quarter	\$

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

Section 2: Non-Personnel, Non-Equipment Costs

List Items and Quantity (Attach supporting documentation, e.g., receipts, invoices, etc.) Provide information that reconciles the funds requested in the proposal with the funds awarded and with the awarded funds expended.	Funds Expended This Quarter
Empty space for listing items and quantities	Empty space for funds expended
Total Non-Personnel, Non-Equipment Costs This Quarter	\$

CHECK IF MORE THAN ONE SHEET IS USED FOR THE SECTION

TOTAL SHEETS FOR SECTION 2. _____

NEGP Quarterly Financial Report
Section 3: Equipment Costs

From _____

To _____

List Items and Quantity (Attach supporting documentation, e.g., receipts, invoices, etc.) Provide information that reconciles the funds requested in the proposal with the funds awarded and with the awarded funds expended.	Funds Expended This Quarter
Empty space for listing items	Empty space for funds expended
Total Equipment Costs This Quarter	\$

CHECK IF MORE THAN ONE SHEET IS USED FOR THE SECTION

TOTAL SHEETS FOR SECTION 3. _____

Section 4 – Goals and Progress

List the goals as they appeared in your grant application and describe any activity this quarter that has contributed to the progress made toward each goal.

GOALS	PROGRESS

CHECK IF MORE THAN ONE SHEET IS USED FOR THE SECTION

TOTAL SHEETS FOR SECTION 4.
