

Nurse Support Program II

Final Report

Due: September 30, 20____

Reporting Period: July 1, 20____ – June 30, 20____

Grant Number: NSP II - _____

Lead Institution: _____

Partnership Members: _____

Project: _____

Project Director(s): _____

Campus Mail Address: _____

Campus Phone: _____

Project Director E-mail: _____

Please submit report by September 30th:

1. Electronic copies (to the e-mail addresses listed below) should be sent from the **Project Director's** email address, with the **NSP II xx-xxx in the subject line**, and only include one grant report per email submission.

Send the following:

- One **combined** PDF of the final report narrative, signed final budget summary, final budget narrative, **and**
- Excel spreadsheet of final budget summary

2. Complete the Mandatory Data Tables using the Google Form instructions

Email: laura.schenk1@maryland.gov, kimberly.ford@maryland.gov and alicia.gainey@maryland.gov

***Cohen Scholars grants ONLY must also submit:**

3. One hard copy mailed to:
Maryland Higher Education Commission
Attn: Nurse Support Program II
217 E. Redwood St., 21st Floor
Baltimore, MD 21202

Executive Summary

Report on the entire project, utilizing information from each Annual Report and additional detail to support how these funds met the overall goals of NSP II.

The Request for Applications notes:

As a result of the increased demand for nursing education, the capacity limitations on nursing education programs due to nursing faculty shortages were exposed. In response to this barrier, the Health Services Cost Review Commission proactively created the Nurse Support Program II (NSP II) to support increased capacity in nursing education programs. At its May 4, 2005, public meeting, the HSCRC unanimously approved an increase of 0.1% of regulated gross patient revenue for use in expanding the pool of nurses in the state by increasing the capacity of nursing programs in Maryland.

How has this project increased the numbers of registered nurses/faculty prepared nurses and increased the diversity, i.e.: gender, age, ethnic minority, etc.?

- Be specific to your geographical issues and how this funding has helped and how the program will be sustained at completion of the grant.
- The projected outcomes table will identify if you met or did not meet your original goals.
- Address any discrepancy.

Type of Competitive Grant Initiative (see original proposal)

#1-7: _____ Initiative to: _____

Projected Outcomes

Actual outcomes are measured annually against the projected outcomes in the original proposal. Outcomes are not to be reported in percentages, rather in actual headcounts.

This table will be completed over the period of the grant. Identify years with the FY reporting.

Final Outcomes	Projected Increase (# of additional)	FY _____ Increase Year 1	FY _____ Increase Year 2	FY _____ Increase Year 3	FY _____ Increase Year 4	FY _____ Increase Year 5	Total Increase (# of additional)	Final Outcome Met?
Nursing Pre-Licensure Graduates								☐ Yes ☐ No
Nursing Higher Degrees Completed								☐ Yes ☐ No
Nursing Faculty at Doctoral Level								☐ Yes ☐ No
Collaborative or Statewide or Community/Population Health Results								☐ Yes ☐ No

Goals & Objectives

Please report on the overall progress of your NSP II project. For each initiative (hiring faculty, enrolling more students, graduating students, etc.) covered in the project, please provide the goals and objectives; then address the actions taken, timeline, and a detailed description of the progress made for each year.

Goal 1: _____

Objective 1: _____

Actions Taken: _____

Timeline: _____

Progress: _____

Objective 2: _____

Actions Taken: _____

Timeline: _____

Progress: _____

Goal 2: _____

Objective 1: _____

Actions Taken: _____

Timeline: _____

Progress: _____

Objective 2: _____

Actions Taken: _____

Timeline: _____

Progress: _____

Goal 3: _____

Objective 1: _____

Actions Taken: _____

Timeline: _____

Progress: _____

Objective 2: _____

Actions Taken: _____

Timeline: _____

Progress: _____

Goal 4: _____

Objective 1: _____

Actions Taken: _____

Timeline: _____

Progress: _____

Objective 2: _____

Actions Taken: _____

Timeline: _____

Progress: _____

Goal 5: _____

Objective 1: _____

Actions Taken: _____

Timeline: _____

Progress: _____

Objective 2: _____

Actions Taken: _____

Timeline: _____

Progress: _____

Final Report Narrative

Did the project meet the goals and objectives as outlined in the approved proposal?

☐ Yes ☐ No

If not, please explain why.

[illegible]

What were the greatest challenges and/or major issues faced by the project? How were those addressed?

[illegible]

What aspects of the project have been the most successful?

[illegible]

[illegible]

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Appendix

Appendix should include the Mandatory Dissemination; Final Report Budget Narrative and Budget Summary; and Mandatory Data Tables.

Mandatory Dissemination

Each project director must report the activities related to the project for the required dissemination over the entire grant, including poster and podium presentations with a clear citation to include title, date, location, type of meeting or conference. Please include a copy of any publications in peer-reviewed journals or presentations at conferences to include dates and abstracts. If it's an electronic poster, please send it with the file so we may post the work on the NSP II website.

Final Report Budget Narrative

Attach signed BUDGET SUMMARY (see below) with the following budget narrative descriptions of the approved expenditures in a budget narrative. For each line item in the budget, report the amounts budgeted and expended for the entire grant. Include details for each line item in the budget to explain differences between actual versus budgeted expenses.

Final Report Budget Summary

Please complete the budget summary in the Excel document format, showing remaining funds in the third column. Submit the signed budget form with original signatures to close out the financial report. Have the Financial Officer sign off on remaining funds and return the funds, with documentation of how they are being returned. After review, the NSP II staff will close out the grant files. If any discrepancies are noted, we will follow up with the project director and financial officer.

If funds are being returned, please provide a detailed explanation of why all grant funds were not expended. Funds are returned to MHEC using PCA 38203 (NSP II - grant # and title).

Agency R62
TC 412
Aobj 1204

Contact Samuel Durai Pandian, Director, Budget and Administration, with any questions.
samueldurai.pandian1@maryland.gov, 410.767.3044

Mandatory Data Tables

Use the Word Document template. Refer to the NSP website for the most recent version.