

CHANCELLOR INFORMATIONAL ITEMS

January 13, 2021

INFORMATION ONLY: Grant Applications and Awards

Board Policy 6024 requires the reporting of grant awards and applications to the Board as information, if they do not have a state maintenance of effort or future fiscal responsibility.

Chadron State Awards

- Behavioral Health Education Center of Nebraska (BHECN) Panhandle (Behavioral Health Education Center of Nebraska [BHECN]) -- \$23,701.35
- Nebraska Behavioral Health Jobs (Behavioral Health Education Center of Nebraska [BHECN]) -- \$2,000

Peru State Application

- America Walks - Community Change Grant (America Walks) -- \$1,500

Wayne State Application

- Nebraska Business Development Center (U.S. Small Business Administration) -- \$73,000

ATTACHMENTS:

- CSC Grant Award-BHECN Panhandle Addendum (PDF)
- CSC Grant Award-Nebraska Behavioral Health Jobs (PDF)
- PSC Grant Application - America Walks (PDF)
- WSC Grant Application - Nebraska Business Development Center (PDF)

NOTICE OF INTENT TO APPLY FOR, OR TO ACCEPT, AWARDS OF NON-STATE CONTRACTS OR GRANTS

College: Chadron State College		Date: January 13, 2021
Notice of Intent	Application:	Accept Award: X
Name of Program: Behavioral Health Education Center of Nebraska (BHECN) Panhandle		
Funding Source: Behavioral Health Education Center of Nebraska (BHECN) Also indicate if the source is federal, state or private: State		
Is this grant a Sub-Award ?		Yes: X No:
If a sub-award, indicate the agency the sub-award is through: University of Nebraska Medical Center		
Amount Requested: \$23,701.35	Amount Awarded: \$23,701.35	Funding Period: 7/1/2020 to 06/30/2021 Please indicate specific dates for the grant.
Closing Date for Application Submission: June 2020		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? No		Date Approved/Reviewed:
Does this grant include Indirect Cost Funds for the College's use?		Yes: No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?		Yes: No: X
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.):		
Will this grant require In-Kind Support ?		Yes: No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is State Maintenance of Effort or Future Fiscal Responsibility required?		Yes: No: X
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?		Yes: No:
How many FTE positions will the grant fund?		FTE: 0.20 FTE
How many of these are new positions?		New FTE: 0
Briefly describe the purpose(s) of this application/award: Dr. Tara Wilson has been named the co-director of the new BHECN Panhandle. This part-time work will aid in the state's efforts to recruit and retain rural behavioral health professionals.		
Is this grant a continuation of a previous/existing grant?		Yes:X No:
If a continuation grant, describe the previous grant in terms of amount, funding period, and any differences in program: The mission of the grant is the same as previous years. The funding increased to include 5,000 operating expense.		
Has this grant application been previously denied?		Yes: No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Dr. Tara Wilson		
Administrator responsible for approving the application: Dr. Randy Rhine		

NOTICE OF INTENT TO APPLY FOR, OR TO ACCEPT, AWARDS OF NON-STATE CONTRACTS OR GRANTS

College: Chadron State College		Date: January 13, 2021
Notice of Intent	Application:	Accept Award: X
Name of Program: Nebraska Behavioral Health Jobs		
Funding Source: Behavioral Health Education Center of Nebraska (BHECN) Also indicate if the source is federal, state or private: Private		
Is this grant a Sub-Award ?		Yes: X No:
If a sub-award, indicate the agency the sub-award is through: University of Nebraska Medical Center		
Amount Requested: \$2,000.00	Amount Awarded: \$2,000.00	Funding Period: 7/1/2020 to 6/30/2021 Please indicate specific dates for the grant.
Closing Date for Application Submission: June 2020		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? No		Date Approved/Reviewed:
Does this grant include Indirect Cost Funds for the College's use?		Yes: No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?		Yes: No: X
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.):		
Will this grant require In-Kind Support ?		Yes: No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is State Maintenance of Effort or Future Fiscal Responsibility required?		Yes: No: X
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?		Yes: No: X
How many FTE positions will the grant fund?		FTE: 0
How many of these are new positions?		New FTE:
Briefly describe the purpose(s) of this application/award: The aim of BHECN is to increase behavioral health opportunities and awareness in rural Nebraska. The grant gives trainings, mentorships and an annual conference to encourage their endeavors.		
Is this grant a continuation of a previous/existing grant?		Yes: X No:
If a continuation grant, describe the previous grant in terms of amount, funding period, and any differences in program: The mission of the grant is the same as previous years. The funding decreased from the prior year at \$5,000.00.		
Has this grant application been previously denied?		Yes: No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Dr. Tara Wilson		
Administrator responsible for approving the application: Dr. Randy Rhine		

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College: Peru State College		Date: 11-30-2020
Notice of Intent	Application: <input checked="" type="checkbox"/>	Accept Award:
Name of Program: America Walks – Community Change Grant		
Funding Source: America Walks Also indicate if the source is federal, state or private Private		
Is this grant a Sub-Award ?		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: \$1500.00	Amount Awarded:	Funding Period: 1/1/21 to 12/31/21 Please indicate specific dates for the grant.
Closing Date for Application Submission: Nov. 9, 2020		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board?		Date Approved/Reviewed:
Does this grant include Indirect Cost Funds for the College's use?		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.):		
Will this grant require In-Kind Support ?		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is State Maintenance of Effort or Future Fiscal Responsibility required?		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
How many FTE positions will the grant fund?		FTE: 0
How many of these are new positions?		New FTE:
Briefly describe the purpose(s) of this application/award: Grant funds will be used to renovate and revitalize the Campus of a Thousand Oaks Trail at Peru State College and promotion of the trail in the form of a kickoff event and initiation of a walking club. Funding will provide support for supplies, trail markers, and benches.		
Is this grant a continuation of a previous/existing grant?		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
If a continuation grant, describe the previous grant in terms of amount, funding period, and any differences in program:		
Has this grant application been previously denied?		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
If yes, please state the reason:		
Person responsible for the preparation of the application: Dr. Shana Walsh		
Administrator responsible for approving the application: Dr. Tim Borchers, VPAA		

NOTICE OF INTENT TO APPLY FOR, OR TO ACCEPT, AWARDS OF NON-STATE CONTRACTS OR GRANTS

College: Wayne State College		Date: January 13, 2021
Notice of Intent	Application: X	Accept Award:
Name of Program: Nebraska Business Development Center		
Funding Source: U.S. Small Business Administration Also indicate if the source is federal, state or private: Federal		
Is this grant a Sub-Award ?		Yes: X No:
If a sub-award, indicate the agency the sub-award is through: University of Nebraska at Omaha		
Amount Requested: \$73,000	Amount Awarded:	Funding Period: 01/01/21-12/31/21 Please indicate specific dates for the grant.
Closing Date for Application Submission:		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board?		Date Approved/Reviewed:
Does this grant include Indirect Cost Funds for the College's use?		Yes: No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?		Yes: X No:
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.): Matching funds of \$20,750 includes a portion of salary and benefits of the director as well as communications, supplies and travel expenses.		
Will this grant require In-Kind Support ?		Yes: X No:
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.): In-Kind support includes the College's indirect cost rate with the U.S. Small Business Administration.		
Is State Maintenance of Effort or Future Fiscal Responsibility required?		Yes: No: X
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?		Yes: No: X
How many FTE positions will the grant fund?		FTE: 0.91
How many of these are new positions?		New FTE: 0.00
Briefly describe the purpose(s) of this application/award: This proposed sub agreement with the University of Nebraska-Omaha would provide funding to continue the operation of a regional center of the Nebraska Business Development Center at Wayne State College. It would provide partial funding for salary and benefit costs of the director.		
Is this grant a continuation of a previous/existing grant?		Yes: No: X
If a continuation grant, describe the previous grant in terms of amount, funding period, and any differences in program: While not technically a continuation, this subcontract would continue to fund the Nebraska Business Development Center at Wayne as it has for a number of years.		
Has this grant application been previously denied?		Yes: No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Mr. Loren Kucera, Director of Nebraska Business Development Center		
Administrator responsible for approving the application: Ms. Angie Fredrickson, Vice President, Administration and Finance		