



Board of Trustees of the Nebraska State Colleges

Meeting Date: **September 10, 2026**

Agenda Item: **5.3**

ITEMS FOR DISCUSSION AND ACTION:

Committee: **Chancellor Informational Items**

Information **Grant Applications and Awards (CI)**
Only:

Board Policy 6704 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. For those that do have a maintenance effort or future fiscal impact, the Board is to approve the application in advance when possible. The attached table is a summary of the grant applications that have been reviewed and approved by the Chancellor and have no maintenance of effort, along with the awards received since the last Board meeting.

Informational Item.

ATTACHMENTS:

- Grant Applications and Awards- September
- PSC- PATH Scholarship
- PSC- NGPC
- WSC - FirstGen Forward
- CSC - Grant App AI Guidance
- NSCS- FIPSE Grant Application
- NSCS- Gates Foundation
- PSC - Sea Grant
- CSC- Cardio Max
- CSC- Upward Bound
- CSC- BHECN Panhandle
- NSCS- Proactive Admission

September 2026

Grant Applications

College	Grant Agency and Title	Amount Requested
PSC	Ellucian Foundation - PATH Scholarship Grant	\$25,000.00
PSC	Nebraska Natural Legacy Research Grants- Nebraska Game and Parks Commission	\$4185.75
Total amount requested		= \$29,185.75

WSC	First-generation College Celebration- FirstGen Forward/ Council for Opportunity in Education	\$4,645
Total amount requested		=\$4,645

CSC	Improving Course Design Consistency, Student Engagement, & AI Guidance- US DEPT OF EDUCATION	\$106,898
Total amount requested		=\$106,898

NSCS	FIPSE Postsecondary Student Success Grant- U.S. Department of Education	NA
NSCS	AI Transformation Learning Grant- Gates Foundation	\$200,000
Total amount requested		=NA

Grant Awarded

College	Grant Agency and Title	Amount Awarded
PSC	Pennsylvania State University- Parasite Study	\$10,000
Total amount awarded		=\$10,000

CSC	Cardo Max Collaboration- Chadron Community Hospital	\$2,500
CSC	Upward Bound- U.S Department of Education	\$309,501
CSC	Behavioral Health Education Center of Nebraska (BHECN) Panhandle Trust	\$37,500
Total amount awarded		=\$349,501

NSCS	Proactive Admission Grant	\$276,229
Total amount awarded		=\$276,229

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

College: Peru State College		Date: June 5, 2026
Notice of Intent	Application: Yes	Accept Award:
Name of Program: Ellucian Foundation - PATH Scholarship Grant		
Funding Source: Ellucian Foundation Also indicate if the source is federal, state or private		
Is this grant a Sub-Award ?	Yes:	No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: \$10,000 - \$25,000.00	Amount Awarded: Pending July Notification	Funding Period: 2026-2027 Academic School Year
Closing Date for Application Submission: June 5, 2026		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Pending		Date Approved/Reviewed: Pending
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: 0	
Briefly describe the purpose(s) of this application/award: PATH provides block grants of \$10,000.00, \$15,000.00 and \$25,000.00 to higher education institutions to support students in financial distress and prevent educational disruptions.		
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:		
Has this grant application been previously denied?	Yes:	No: X
Person responsible for the preparation of the application: Susan Hogg/Denise Lickteig		
Administrator responsible for approving the application: Dr. Robert Mock		

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

College: Peru State College		Date: 8/12/2026
Notice of Intent	Application: Due Nov 20 th , 2026	Accept Award: By Dec 22 nd 2026
Name of Program: 2026-2027 Nebraska Natural Legacy Research Grants Program		
Funding Source: Nebraska Game and Parks Commission Also indicate if the source is federal, state or private: State		
Is this grant a Sub-Award ?	Yes:	No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: \$4185.75	Amount Awarded:	Funding Period: Dec '26 – Nov '27
Closing Date for Application Submission: November 20 th , 2026		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? In Progress		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.): Requires 25% institutional match. Will be applied towards equipment, travel, and undergraduate research assistant.		
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: To determine the current range and distribution of rare Tier 1 minnows of Nebraska and provide undergraduate students with field work and research experience.		
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:		
Has this grant application been previously denied?	Yes:	No: X
Person responsible for the preparation of the application: Dr. Lukas Klicka, Associate Professor of Biology		
Administrator responsible for approving the application: Dr. Doug Engel and Dr. Alaric Williams		

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

College: Wayne State College		Date: 7/17/26
Notice of Intent	Application: X	Accept Award:
Name of Program: 2026 First-generation College Celebration		
Funding Source: FirstGen Forward/ Council for Opportunity in Education Also indicate if the source is federal, state or private: Federal		
Is this grant a Sub-Award ?	Yes:	No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: \$4,645	Amount Awarded:	Funding Period: August 2026 Please indicate specific dates for the grant.
Closing Date for Application Submission: 7/24/26		
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:	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: 0	
Briefly describe the purpose(s) of this application/award: To put on a multi-day event to recognize first generation college students, which make up 45% of Wayne State students.		
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:		
Has this grant application been previously denied?	Yes:	No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Liesel Mrsny, Director of TRIO Student Support Services		
Administrator responsible for approving the application: CD Douglas, Vice President for Student Affairs		

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

College: CHADRON STATE COLLEGE		Date: Sept 10, 2026
Notice of Intent	Application: X	Accept Award:
Name of Program: Improving Course Design Consistency, Student Engagement, & AI Guidance		
Funding Source: US DEPT OF EDUCATION Also indicate if the source is federal, state or private: FEDERAL		
Is this grant a Sub-Award ?	Yes:	No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: \$106,898	Amount Awarded:	Funding Period: Please indicate specific dates for the grant. 04/01/2027 – 05/31/2028
Closing Date for Application Submission: 06/01/2026		
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: X	No:
If yes, indicate dollar amount and/or percentage rate allowed: 8%		
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.): \$21,380 wages/salaries		
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	
How many of these are new positions?	New FTE: 0	
Briefly describe the purpose(s) of this application/award: <i>This project focuses on improving course design consistency, communication of expectations, and guidance related to instructional technology and artificial intelligence across courses at Chadron State College. The purpose of the project is to support faculty in making practical improvements to course organization, communication, and use of existing technologies in order to improve student engagement and understanding. The project includes faculty development, resource development, and ongoing support, with the goal of creating more consistent learning experiences for students and strengthening instructional practices across the institution.</i>		
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:		
Has this grant application been previously denied?	Yes:	No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Heather Crofutt, Instructional Tech & Design Specialist		
Administrator responsible for approving the application: Dr. Kimberly Paddock-O'Reilly		

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

College: Chadron, Peru & Wayne State Colleges		Date: June 16, 2026
Notice of Intent	Application: X	Accept Award:
Name of Program: FIPSE Postsecondary Student Success Grant (PSSG)		
Funding Source: U.S. Department of Education, Fund for the Improvement of Postsecondary Education—Federal Also indicate if the source is federal, state or private:		
Is this grant a Sub-Award ?	Yes: X	No:
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested:	Amount Awarded:	Funding Period: Please indicate specific dates for the grant.
Closing Date for Application Submission: University of Southern California		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board?		Date Approved/Reviewed: September 10, 2026
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: X	No:
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.): Total cost share is \$400,000 over the for years of the grant, the majority of which is being supported by USC. State College portions includes \$14,379 over the term of the grant and represents in-kind donations to incentivize students to interact with the digital platform along with room rental and AV fees for the PLC meetings.		
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: 0	
Briefly describe the purpose(s) of this application/award: The University of Southern California, in partnership with the Nebraska State Colleges and other participating institutions, has received a four-year federal FIPSE Postsecondary Student Success Grant. The State Colleges will participate as subaward recipients in developing, implementing, and evaluating an integrated model of academic advising, career advising, and workforce-pathway navigation. The project will establish professional learning communities, develop AI-enhanced advising dashboards incorporating labor-market and career-pathway information, and create a student-facing digital platform that provides personalized career guidance and encourages engagement in advising, career exploration, and work-based learning. The project is intended to strengthen career readiness and self-efficacy while improving academic performance, persistence, completion, and employment or continuing-education outcomes, particularly for students who have historically had less access to career information and professional networks.		
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:		

Has this grant application been previously denied?	Yes:	No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Zoe Corwin, Research Professor at Rossier School of Education, University of Southern California		
Administrator responsible for approving the application: Zoe Corwin		

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

College: Nebraska State College System (NSCS)		Date: 8/14/2026
Notice of Intent	Application: 9/11/2026	Accept Award:
Name of Program: AI Transformation Learning Grant		
Funding Source: Gates Foundation Also indicate if the source is federal, state or private: Private		
Is this grant a Sub-Award ?	Yes:	No: ☒
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: \$200,000	Amount Awarded:	Funding Period: Fall 2026-Summer 2027 Please indicate specific dates for the grant.
Closing Date for Application Submission: 9/11/2026		
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:
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?	Yes:	No: ☒
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: ☒
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: ☒
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:	
How many of these are new positions?	New FTE:	
Briefly describe the purpose(s) of this application/award: To develop a systemwide initiative to prepare NSCS teacher education faculty (and, through them, our teacher candidates) to effectively and responsibly integrate artificial intelligence into teaching and learning.		
Is this grant a continuation of a previous/existing grant?	Yes:	No: ☒
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:	No: ☒
If yes, please state the reason:		
Person responsible for the preparation of the application: Cheri Polenske		
Administrator responsible for approving the application: Dr. Turman		

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

College: Peru State College		Date: February 1, 2026
Notice of Intent	Application:	Accept Award: X
Name of Program: Identifying the parasite communities of common Lake Erie invasive, aquaculture, and game species		
Funding Source: Pennsylvania State University (Federal pass-thru) Also indicate if the source is federal, state or private:		
Is this grant a Sub-Award ?	Yes: X	No:
If a sub-award, indicate the agency the sub-award is through: Pennsylvania State University		
Amount Requested:	Amount Awarded: \$10,000	Funding Period: 2/1/26-1/31/28 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:	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: .08	
How many of these are new positions?	New FTE: 0	
Briefly describe the purpose(s) of this application/award: Peru State College, through the efforts of Dr. Brandon Ruehle, will provide specialized parasitology expertise for the project titled <i>Identifying the parasite communities of common Lake Erie invasive, aquaculture, and game species</i> . The overall project will assess metazoan parasite communities in common aquatic invasive species, game fishes, and bait fishes collected from Pennsylvania waters of Lake Erie. Dr. Ruehle's scope will focus on parasite detection, morphological and molecular identification, training of student researchers, and contribution to project products related to parasite taxonomy, host associations, and genetic verification.		
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:		
Has this grant application been previously denied?	Yes:	No: X
If yes, please state the reason:		

Person responsible for the preparation of the application: Brandon Ruehle

Administrator responsible for approving the application:

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

College: CHADRON STATE COLLEGE		Date: Sept 10, 2026
Notice of Intent	Application:	Accept Award: X
Name of Program: Cardio Max Collaboration with Chadron Community Hospital		
Funding Source: Chadron Community Hospital Also indicate if the source is federal, state or private: Private		
Is this grant a Sub-Award ?	Yes:	No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested:	Amount Awarded: \$2500	Funding Period: Please indicate specific dates for the grant. 04/27/2026 – 07/31/2028
Closing Date for Application Submission: 07/31/2026		
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:	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	
How many of these are new positions?	New FTE: 0	
Briefly describe the purpose(s) of this application/award: Sponsorship of Cardio Max testing equipment.		
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:		
Has this grant application been previously denied?	Yes:	No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Brittany Helmbrecht, DHEd		
Administrator responsible for approving the application: Dr. Kimberly Paddock-O'Reilly		

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

College: Chadron State College		Date: Sept 10, 2026
Notice of Intent	Application:	Accept Award: X
Name of Program: Upward Bound		
Funding Source: U.S. Department of Education Also indicate if the source is federal, state or private: Federal		
Is this grant a Sub-Award ?	Yes:	No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested:	Amount Awarded: \$309,501.00 (Year Five of Five-Year cycle - 09/01/2022-08/31/2027)	Funding Period: Please indicate specific dates for the grant. 9/1/2026 -8/31/2027
Closing Date for Application Submission:		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: Sept 2022
Does this grant include Indirect Cost Funds for the College's use?	Yes: X	No:
If yes, indicate dollar amount and/or percentage rate allowed: 8%		
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: 3	
How many of these are new positions?	New FTE: 0	
Briefly describe the purpose(s) of this application/award: These funds will be used to help prepare low-income and first generations students from three (3) target high school. Upward Bound prepares for postsecondary education. This is the fifth year of a five-year performance period (09/01/2022-08/31/2027). Program requirements remain the same serving 63 students. This grant has had numerous five-year performance periods with CSC with a renewal every five years as a competitive grant.		
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:		
Has this grant application been previously denied?	Yes:	No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Kevin Coy		
Administrator responsible for approving the application: Dr. Kimberly Paddock-O'Reilly		

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

College: Chadron State College		Date: September 10, 2026
Notice of Intent	Application:	Accept Award: X
Name of Program: Behavioral Health Education Center of Nebraska (BHECN) Panhandle Trust		
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:	Amount Awarded: \$37,500	Funding Period: Please indicate specific dates for the grant. 7/1/2026 - 06/30/2027
Closing Date for Application Submission: continuation		
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: 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 continues as co-director of the BHECN Panhandle. This funding will allow Dr. Wilson to aid the state's efforts to recruit and retain rural behavioral health professionals and support the BHECN Spring Conference. Program requirements remain the same.		
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 has decreased by \$3,000 due to carryover from previous year.		
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. Kimberly Paddock - O'Reilly		

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

College: Nebraska State College System Office		Date: August 15, 2026
Notice of Intent	Application: July 2026	Accept Award: August 2026
Name of Program: Proactive Admission Grant		
Funding Source: Anonymous Private Donor Also indicate if the source is federal, state or private:		
Is this grant a Sub-Award ?	Yes: X	No:
If a sub-award, indicate the agency the sub-award is through: Coordinating Commission for Postsecondary Education		
Amount Requested: \$282,229	Amount Awarded: \$276,229	Funding Period: August 15, 2026 through June 30, 2030
Closing Date for Application Submission: Open application window.		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Not reviewed or approved by the Board. Included in weekly updates to denote grant application.		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: .3	
How many of these are new positions?	New FTE: NO	
Briefly describe the purpose(s) of this application/award: The Proactive Admissions Grant supports efforts to identify and engage prospective students earlier, simplify the admissions process, and reduce barriers to college enrollment. The initiative is designed to expand access (particularly for students who may not otherwise consider college) through targeted outreach, personalized support, and clearer pathways to enrollment at the Nebraska State Colleges.		
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:		
Has this grant application been previously denied?	Yes:	No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Paul Turman, Chancellor of the Nebraska State College System and Mike Baumgartner, Executive Director of the Coordinating Commission for Postsecondary Education.		

Administrator responsible for approving the application: Paul Turman & Mike Baumgartner