

BOARD OF TRUSTEES OF THE NEBRASKA STATE COLLEGES

CHANCELLOR INFORMATIONAL ITEMS

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. For those that do have a maintenance effort or future fiscal impact, the Board is to approve the application in advance when possible. The following table is a summary of the grant applications and awards reported as of October 2022.

**Grant Applications and Awards
Reported as of October 2022**

College	Grant Title	Amount
Chadron State College		
Applications:	BHECN ARPA Campus Wellness Initiative (University of Nebraska Medical Center)	\$100,000
	American Rescue Plan Act Child Care Stabilization Program (Dept. of Health & Human Services)	Unknown-split among applicants
	BHECN ARPA Clinical Mental Health Counseling Internship Program (University of Nebraska Medical Center)	\$490,500
	BHECN ARPA Clinical Mental Health Counseling Supervision Program (University of Nebraska Medical Center)	\$100,000
	Peril and Promise: The Emergence of the New South Africa (National Endowment for the Humanities)	\$6,000
	Prescribed Burning and Soil Microbial Communities and Processes (Agriculture and Food Research Initiative (NIFA-AFRI))	\$31,041
Total		\$727,541
Awards:		
	Family Math Game Nights	\$5,000
	Nebraska Research Network in Functional Genomics (National Institutes of Health)	\$23,799
Total		\$28,799
Wayne State College		
Application:	Humanities Connections (National Endowment for the Humanities [NEH] Division of Education Programs)	\$35,000
Total		\$35,000

Awards:	Addressing Rural Behavioral Health Needs Through Clinical Placements and Supervision Project (Health Resources and Services Administration (HRSA)	\$247,105
	Nebraska Research Network in Functional Genomics (National Institutes of Health)	\$42,301
	TRiO Student Support Services (U.S. Department of Education)	\$366,726
	Wayne State Interventions: A Path to Sustained Enrollment, Retention and Graduation Rates "WaySin" (U.S. Department of Education Title III Strengthening Institutions Program)	\$416,687
Total		\$1,072,819
NCS		
Applications:	BHECN ARPA Behavioral Health Workforce Projects for Students and Behavioral Health	\$47,250
	BHECN ARPA Telebehavioral Health in Rural Areas	\$672,000
Total		\$719,250

ATTACHMENTS:

- CSC Grant App BHECN ARPA Campus Wellness Program (PDF)
- CSC Grant App (ARPA) Child Care Stabilization (PDF)
- CSC Grant App BHECN ARPA Clinical MH Counseling Internship Prgm (PDF)
- CSC Grant App BHECN ARPA Clinical MH Counseling Supervision Prgm (PDF)
- CSC Grant App The Emergence of the New South Africa (PDF)
- CSC Grant App Prescribed Burn and Soil Microbial (PDF)
- CSC Grant Award Family Math Game Nights (PDF)
- CSC Grant Award NE Research Network Genomics Amend 6 (PDF)
- WSC Grant Apply NEH - Humanities Connections (PDF)
- WSC Grant Accept HRSA Addressing Rural Behavioral Health (PDF)
- WSC Grant Accept INBRE 2022-2023 (PDF)
- WSC Grant Accept TRIO SSS (PDF)
- WSC Grant Accept DOE Title III Strengthening Institutions Program Grant (PDF)
- NCS Grant Application Behavioral Health Workforce Projects (PDF)
- NCS Grant Application Telehealth(PDF)

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

College: Chadron State College		Date: November 10, 2022
Notice of Intent	Application: X	Accept Award:
Name of Program: BHECN ARPA Campus Wellness Initiative		
Funding Source: University of Nebraska Medical Center 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: Behavioral Health Education Center of Nebraska		
Amount Requested: \$100,000	Amount Awarded:	Funding Period: Please indicate specific dates for the grant. 01/01/2023 – 12/31/2026
Closing Date for Application Submission: October 14, 2022		
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: These funds will used to support a campus wellness program, including start-up costs, part-time student employee, professional speakers, conferences, events and promotional material. This program will also help support the well-being of our licensed counselors to help prevent potential burnout.		
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: Dr. Brittany Helmbrecht		
Administrator responsible for approving the application: Dr. James Powell		

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

College: Chadron State College		Date: November 20, 2022
Notice of Intent	Application: X	Accept Award:
Name of Program: American Rescue Plan Act Child Care Stabilization Program		
Funding Source: Dept of Health & Human Services 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: Additional funding – unknown will be split among applicants	Amount Awarded:	Funding Period: Please indicate specific dates for the grant. 10/01/2022 – 03/31/2023
Closing Date for Application Submission: September 2022		
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? N/A	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: This funding can be used for salary, wages, benefits, facility and program improvements, professional development, goods and services necessary to maintain and retain child care services.		
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: Funding requirements remain the same – unknown additional funding available.		
Has this grant application been previously denied?	Yes:	No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Lona Downs		
Administrator responsible for approving the application: Dr. James Powell		

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

College: Chadron State College		Date: November 10, 2022
Notice of Intent	Application: X	Accept Award:
Name of Program: BHECN ARPA Clinical Mental Health Counseling Internship Program		
Funding Source: University of Nebraska Medical Center 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: Behavioral Health Education Center of Nebraska		
Amount Requested: \$490,500	Amount Awarded:	Funding Period: Please indicate specific dates for the grant. 01/01/2023 – 12/31/2025
Closing Date for Application Submission: October 14, 2022		
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: This funding would provide stipends to 45 CSC clinical mental health counseling students over a three-year period. Student are required to complete 600 clinical hours during their internships.		
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: Tara Wilson		
Administrator responsible for approving the application: Dr. James Powell		

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

College: Chadron State College		Date: November 10, 2022
Notice of Intent	Application: X	Accept Award:
Name of Program: BHECN ARPA Clinical Mental Health Counseling Supervision Program		
Funding Source: University of Nebraska Medical Center 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: Behavioral Health Education Center of Nebraska		
Amount Requested: \$100,000	Amount Awarded:	Funding Period: Please indicate specific dates for the grant. 01/01/2023 – 12/31/2025
Closing Date for Application Submission: October 14, 2022		
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: Funds will be used for training and stipends to support 18 Site-Supervisors for CSC Clinical Mental Health Counseling internship students. During internships, students are required to have a Site-Supervisor for 600 clinical hours.		
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: Dr. Tara Wilson		
Administrator responsible for approving the application: Dr. James Powell		

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

College: Chadron State College		Date: November 10, 2022
Notice of Intent	Application: X	Accept Award:
Name of Program: Peril and Promise: The Emergence of the New South Africa		
Funding Source: National endowment for the Humanities 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: \$6000	Amount Awarded:	Funding Period: Please indicate specific dates for the grant. 06/01/2022 – 08/31/2022
Closing Date for Application Submission: October 14, 2022		
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: Funding for archival and research visit to South Africa in the summer of 2023, including a stipend.		
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: Thomas Smith		
Administrator responsible for approving the application: Dr. James Powell		

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

College: Chadron State College		Date: November 10, 2022
Notice of Intent	Application: X	Accept Award:
Name of Program: Prescribed Burning and Soil Microbial Communities and Processes		
Funding Source: Agriculture and Food Research Initiative (NIFA-AFRI) 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: USDA / ARS		
Amount Requested: \$31,041.00	Amount Awarded:	Funding Period: Please indicate specific dates for the grant. 05/01/2023 – 12/31/2027
Closing Date for Application Submission: 09/15/2022		
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:		
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:
How many of these are new positions?		New FTE:
Briefly describe the purpose(s) of this application/award: This project will investigate how grazing and fire influence soil microbial communities and processes. Goal is to support landscape-level livestock management to enhance sustainable rangeland management for both livestock production and biodiversity conservation.		
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: Jonathan Speiss		
Administrator responsible for approving the application: Dr. James Powell		

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

College: Chadron State College		Date: November 10, 2022
Notice of Intent	Application: X	Accept Award: X
Name of Program: Family Math Game Nights		
Funding Source: Young Nebraska Scientists 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: National Science Foundation/NeEPSCor		
Amount Requested: \$15,900	Amount Awarded: \$5000	Funding Period: 9/20/2022 - 8/31/2023 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? 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:
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 provide Family Math Game Nights” for children ages K-4 and their families. The activities provided at the family nights will include games and activities that will help build mathematics reasoning. There will also be take-home games and activities to continue their mathematical skills at home		
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: Dr. Jung Colen		
Administrator responsible for approving the application: Dr. James Powell		

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

College: Chadron State College		Date: November 10, 2022
Notice of Intent	Application: X	Accept Award: X
Name of Program: Nebraska Research Network in Functional Genomics		
Funding Source: National Institutes of Health Also indicate if the source is federal, state or private: Federal		
Is this grant a Sub-Award ? Amendment to 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: \$23,799	Funding Period: Please indicate specific dates for the grant. 05/01/2022 – 04/30/2023
Closing Date for Application Submission: NA		
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: 10%		
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:
Briefly describe the purpose(s) of this application/award: The purpose of this project is to develop and sponsor undergraduate students in the research enterprise selected for the INBRE Scholars Program. This collaboration is intended to enhance the competitive biomedical research capability throughout the State of Nebraska.		
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: Grant requirements remains the same. Increase of \$1100		
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. Ann Buchmann		
Administrator responsible for approving the application: Dr. James Powell		

NOTICE OF INTENT TO APPLY FOR, OR TO ACCEPT, AWARDS OF NON-STATE CONTRACTS OR GRANTS ITEM: 5.6
MEETING DATE: November 10, 2022

College: Wayne State College		Date: August 29, 2022
Notice of Intent	Application: X	Accept Award:
Name of Program: Humanities Connections		
Funding Source: National Endowment for the Humanities (NEH) Division of Education Programs 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: \$35,000	Amount Awarded:	Funding Period: June 1, 2023 – May, 31, 2024 Please indicate specific dates for the grant.
Closing Date for Application Submission: September 1, 2022		
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: Standard 40% WSC rate is allowed; however, we opted to waive taking indirect cost for this grant.		
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: 0.00	
How many of these are new positions?	New FTE: 0.00	
Briefly describe the purpose(s) of this application/award: The purpose of this program is to expand the role of the humanities in undergraduate education at two- and four-year institutions. Awards support innovative curricular approaches that foster partnerships among humanities faculty and their counterparts in the social and natural sciences and in pre-service or professional programs (such as business, engineering, health sciences, law, computer science, and other technology-driven fields) in order to encourage and develop new integrative learning opportunities for 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: David Bohnert - School of Arts and Humanities Dean, Allyn Lueders - Associate Professor		
Administrator responsible for approving the application: Ms. Angie Fredrickson, Vice President, Administration and Finance		

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

AGENDA ITEM: 5.6

MEETING DATE: November 10, 2022

College: Wayne State College		Date: November 11, 2022
Notice of Intent	Application:	Accept Award: X
Name of Program: Addressing Rural Behavioral Health Needs Through Clinical Placements and Supervision Project		
Funding Source: Health Resources and Services Administration (HRSA) 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: \$249,482 for Year 2 (2022-2023) \$1,067,689 over a 4-year period	Amount Awarded: \$247,105 for Year 2 (2022-2023)	Funding Period: 07/01/2022-06/30/2023
Closing Date for Application Submission: January 21, 2021		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: 03/16/21
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% of Modified Total Direct Costs (MTDC) exclusive of tuition and fees.		
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: X	No:
How many FTE positions will the grant fund?	FTE: 0.53	
How many of these are new positions?	New FTE: 0.23	
Briefly describe the purpose(s) of this application/award: This award funds a project designed to increase access to quality behavioral health services for rural and other high-need and high-demand populations in northeast Nebraska. The project will increase the number of WSC's graduating clinical mental health counselors who will go on to practice in Nebraska. It will also increase the number of CACREP qualified mental health supervisors in the area and it will allow WSC to add new experiential training sites which will provide a greater number and variety of interprofessional and experiential training opportunities for clinical mental health graduate-level interns. The second year award includes funding for 0.53 FTE summer faculty salaries and benefits. Funds are also provided for tuition and fee costs for a one-credit hour CACREP supervision course to be taken by the students and clinical supervisors, stipends for the student interns, travel for faculty and supervisors, and consultant/supervision services.		
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 this is technically a new award for the second year of four years of funding beginning July 2, 2021, it will continue to support the objectives listed above.		
Has this grant application been previously denied?	Yes:	No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Nicholas Shudak, Dean, School of Education & Behavioral Science		
Administrator responsible for approving the application: Steven Elliot, Vice President Academic Affairs		

NOTICE OF INTENT TO APPLY FOR, OR TO ACCEPT, AWARDS OF NON-STATE CONTRACTS OR GRANTS **AGENDA ITEM: 5.6**
MEETING DATE: November 10, 2022

College: Wayne State College		Date: November 10, 2022
Notice of Intent	Application:	Accept Award: X
Name of Program: Nebraska Research Network in Functional Genomics		
Funding Source: National Institutes of Health 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 Medical Center		
Amount Requested: \$272,605 over the 5- year period	Amount Awarded: \$42,301 Funding for award period 05/01/2022-04/30/2023	Funding Period: 05/01/2020-04/30/2025
Closing Date for Application Submission:		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: 01/15/2019
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: 40% of direct salaries and wages including all fringe benefits		
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: X No:
How many FTE positions will the grant fund?		FTE: 0.48
How many of these are new positions?		New FTE: 0.00
Briefly describe the purpose(s) of this application/award: This third year subaward of a five-year grant by the University of Nebraska Medical Center for the Nebraska INBRE Project, of which Wayne State College is a participant, is designed to train undergraduate students in research during the academic year. It provides funding for student wages as well as basic laboratory supplies. It also funds a 0.9 academic month a year salary and benefits for two faculty members to coordinate budget, communication and administrative tasks with UNMC, oversee the student scholars at WSC and serve on the statewide INBRE Senior Executive Committee. The project goal is to enhance the competitive biomedical research capability throughout the State of Nebraska through collaboration among the state's institutions of higher education.		
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 subaward funds another five year phase of the IDeA Networks of Biomedical Research Excellence (INBRE) grants awarded for the periods 07/15-04/20, 05/09-05/14 and 09/04-04/09 and the Biomedical Research Infrastructure Network (BRIN) grant from 09/01-09/04.		
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. Shawn Percy, Professor, Life Sciences Department		
Administrator responsible for approving the application: Steven Elliot, Vice President Academic Affairs		

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

College: Wayne State College		Date: November 10, 2022
Notice of Intent	Application:	Accept Award: X
Name of Program: TRiO Student Support Services		
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: \$354,325 for Year 1 (2020-2021)	Amount Awarded: \$366,726 for Year 3 (2022-2023)	Funding Period: Year 3 09/01/22-08/31/23 Please indicate specific dates for the grant.
Closing Date for Application Submission: January 27, 2020		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: 4/23/2020
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% of modified total direct costs		
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.): State matching funds of \$6,600 for staff professional development expenses will be provided.		
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.): Wayne State College will provide facilities, support through many other offices on campus, and a small amount of operating support.		
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: X No:
How many FTE positions will the grant fund?		FTE: 5.22
How many of these are new positions?		New FTE: 0
Briefly describe the purpose(s) of this application/award: This award provides funding to continue the TRiO Student Support Services Office at Wayne State College. It is for a five year period from 09/01/2020 to 08/31/2025. The award amount of \$366,726.00 for the third year includes funding for salaries and benefits, travel, supplies and communication expenses. The program serves 225 underprepared students who are low income, first generation and/or students with disabilities. The goal of the TRiO Student Support Services program is to reduce the number of disadvantaged students dropping out of college because of academic problems and/or related difficulties.		
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 this is technically a new award for the third year of five years of funding beginning September 1, 2020 through August 31, 2025, it will continue a very successful TRiO Student Support Services program, which has been funded since 1990-91.		
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. John Canty, Director of TRiO Student Support Services		
Administrator responsible for approving the application: C.D. Douglas, Vice President for Student Affairs		

AGENDA ITEM: 5.6
MEETING DATE: November 10, 2022

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

College: Wayne State College		Date: November 10, 2022
Notice of Intent	Application:	Accept Award: X
Name of Program: Wayne State Interventions: A Path to Sustained Enrollment, Retention, and Graduation Rates "WaySIn"		
Funding Source: U.S. Department of Education Title III Strengthening Institutions Program 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: \$416,687 for Year 2 (2022-2023) \$2,124,188 over the 5-year period	Amount Awarded: \$416,687 for Year 2 (2022-2023) \$2,124,188 over the 5-year period	Funding Period: 10/01/22-09/30/23 Please indicate specific dates for the grant.
Closing Date for Application Submission: July 13, 2021		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: September 9, 2021
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: X	No:
How many FTE positions will the grant fund?	FTE: 6.97	
How many of these are new positions?	New FTE: 0	
Briefly describe the purpose(s) of this application/award: The focus of this project is to achieve these goals - 1) to close the achievement gaps in first-year retention and completion rates for low-income, first generation, and students of color and 2) improve institutional structures and campus culture to be more responsive to demographic shifts and workforce development needs of the region by improving instruction, campus climate and increasing engagement in student support services. Funding is for faculty/staff/student salaries and benefits, supplies, instructional technology, speakers, external evaluator, travel expenses and portion of Brandenburg renovation costs for student learning spaces.		
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 this is technically a new award for the second year of five years of funding beginning October 1, 2021, it will continue to support the objectives listed above.		
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. Anne McCarthy, Associate VP Academic Affairs		
Administrator responsible for approving the application: Steven Elliot, Vice President Academic Affairs		

College: Nebraska State College System		Date: October 14, 2022
Notice of Intent	Application: X	Accept Award:
Name of Program: BHECN ARPA Behavioral Health Workforce Projects for Students and Behavioral Health Professionals		
Funding Source: University of Nebraska Medical Center 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:		
Amount Requested: \$47,250	Amount Awarded:	Funding Period: Please indicate specific dates for the grant.
Closing Date for Application Submission: October 14, 2022		
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: Contracting with JED Foundation for 18-month fundamentals program and incorporate healthy minds survey into program		
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: Angela Melton		
Administrator responsible for approving the application: Paul Turman		

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

College: Nebraska State College System		Date: October 13, 2022
Notice of Intent	Application: <input checked="" type="checkbox"/>	Accept Award:
Name of Program: BHECN ARPA Telebehavioral Health in Rural Areas		
Funding Source: University of Nebraska Medical Center Also indicate if the source is federal, state or private State		
Is this grant a Sub-Award ?		Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: \$672,000	Amount Awarded:	Funding Period: Please indicate specific dates for the grant.
Closing Date for Application Submission: October 14, 2022		
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: 0
Briefly describe the purpose(s) of this application/award: Provide telehealth services to students		
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: Angela Melton		
Administrator responsible for approving the application: Paul Turman		