

---

---

**INFORMATION ONLY: Grant Applications and Awards for Information**

---

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 Applications**

- Bringing Awareness of Behavioral Health Career Paths to Rural Middle School Students (Behavioral Health Education Center of Nebraska [BHECN]) -- \$816
- Exploring Training Needs of Rural Counselors (Association of Counselor Education and Supervision) -- \$3,000

**Chadron State Awards**

- Child Development Center Food Service Program (United States Department of Agriculture) -- \$10,750 estimated from prior year total reimbursement
- Nebraska Research Network in Functional Genomics (National Institutes of Health) -- \$23,799 year five (5) of sub-award
- TRiO Student Support Services (U.S. Department of Education) -- \$276,197 year five (5) of five (5) year grant
- Update Lucid Key Species Descriptions of Six Western Rangeland Grasshoppers with Emphasis on Oklahoma Distributions (Western Rangeland Grasshoppers Tool Update) (USDA-APHIS) -- \$11,956
- Upward Bound Food Service Program (USDA: Summer Food Service Program) -- \$4,302.50

**Wayne State Application**

- WATER to the Nth Power: Water for Agriculture in Tomorrow's Ecosystems and Resilience for Nebraska (National Science Foundation) -- \$12,094,493 in year 1 with \$75,000 for WSC

**Wayne State Award**

- Nebraska Research Network in Functional Genomics (National Institutes of Health) - - \$32,222 for award period 5/1/19-4/30/20

**ATTACHMENTS:**

- CSC Grant Application-BHECN Careers to Middle Schools (PDF)
- CSC Grant Application-Exploring Training Needs of Rural Counselors (PDF)
- CSC Grant Award-CDC Food Program (PDF)
- CSC Grant Award-Research in Functional Genomics (PDF)
- CSC Grant Award-TRIO 2019-2020 (PDF)
- CSC Grant Award-Grasshoppers (PDF)

- CSC Grant Award-Upward Bound Food Service Program (PDF)
- WSC Grant Application-WATER to the Nth Power (PDF)
- WSC Grant Award-INBRE (PDF)

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

College: Chadron State College		Date: September 12, 2019
Notice of Intent	Application: X	Accept Award:
Name of Program: Bringing Awareness of Behavioral Health Career Paths to Rural Middle School Students		
Funding Source: Behavioral Health Education Center of Nebraska (BHECN) Also indicate if the source is federal, state or private: State		
Is this grant a <b>Sub-Award</b> ?		Yes: X    No:
If a sub-award, indicate the agency the sub-award is through: University of Nebraska Medical Center		
Amount Requested: \$816.00	Amount Awarded:	Funding Period: 7/1/2019 to 6/30/2020 Please indicate specific dates for the grant.
Closing Date for Application Submission: June 1, 2019		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? No		Date Approved/Reviewed:
Does this grant include <b>Indirect Cost Funds</b> for the College's use?		Yes:    No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require <b>State Matching Funds</b> ?		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 <b>In-Kind Support</b> ?		Yes:    No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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: This project is a collaborative effort between Dr. Jones-Hazledine, area psychologist, and Dr. Wilson, a counselor educator at Chadron State College. The purpose of this project is to expose area middle school students to behavioral health professions. Drs. Jones-Hazledine and Wilson will travel to area middle schools to present on different behavioral health careers.		
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. Randy Rhine		

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

College: Chadron State College		Date: September 12, 2019
Notice of Intent	Application: X	Accept Award:
Name of Program: Exploring Training Needs of Rural Counselors		
Funding Source: Association of Counselor Education and Supervision Also indicate if the source is federal, state or private: Private		
Is this grant a <b>Sub-Award</b> ?		Yes:      No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: \$3,000.00	Amount Awarded:	Funding Period: August 2019 – August 2020 Please indicate specific dates for the grant.
Closing Date for Application Submission: July 1, 2019		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? No		Date Approved/Reviewed:
Does this grant include <b>Indirect Cost Funds</b> for the College's use?		Yes:      No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require <b>State Matching Funds</b> ?		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 <b>In-Kind Support</b> ?		Yes:      No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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:		
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: This grant will support Dr. Wilson's efforts to complete a research study that looks to explore the training needs of counselors working in a rural environment. Dr. Wilson and her co-researchers will complete a qualitative study to gather data on training experiences of rural mental health counselors. The grant will fund transcription services, data collection fees, participant incentives and NVivo Pro licenses for data analysis.		
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: September 12, 2019
Notice of Intent	Application:	Accept Award: X
Name of Program: Child Development Center Food Service Program		
Funding Source: United States Department of Agriculture Also indicate if the source is federal, state or private: Federal		
Is this grant a <b>Sub-Award</b> ?		Yes: X    No:
If a sub-award, indicate the agency the sub-award is through: Nebraska Department of Education Nutrition Services		
Amount Requested:	Amount Awarded: \$10,750.00* *Estimated from Prior Year Total Reimbursement	Funding Period: 7/1/2019 to 6/30/2020 Please indicate specific dates for the grant.
Closing Date for Application Submission: NA		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? No		Date Approved/Reviewed:
Does this grant include <b>Indirect Cost Funds</b> for the College's use?		Yes:    No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require <b>State Matching Funds</b> ?		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 <b>In-Kind Support</b> ?		Yes:    No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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: This award aids the existing Child Development Center in providing meals to children. The Child Development Center is an education center with the purpose of educating CSC's students in education.		
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: Program is the same as prior years, and the funding amount received is congruent with prior 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: Lona Downs		
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: September 12, 2019
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 <b>Sub-Award</b> ?		Yes: X No:
If a sub-award, indicate the agency the sub-award is through: University of Nebraska Medical Center		
Amount Requested:	Amount Awarded: \$23,799.000 (Year 5 of sub-award)	Funding Period: 5/1/19 to 4/30/20 Please indicate specific dates for the grant.
Closing Date for Application Submission: NA		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: 9/06/2014
Does this grant include <b>Indirect Cost Funds</b> for the College's use?		Yes: No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require <b>State Matching Funds</b> ?		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 <b>In-Kind Support</b> ?		Yes: No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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: There are no differences in funding period or program. Last year, \$20,833.00 was originally funded with an additional funding of \$21,635.00 later in the year to purchase equipment.		
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. Randy Rhine		

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

College: Chadron State College		Date: September 12, 2019
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 <b>Sub-Award</b> ?		Yes:      No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested:	Amount Awarded: \$276,197.00 (Year five of five-year grant)	Funding Period: 9/1/2019 – 8/31/2020 Please indicate specific dates for the grant.
Closing Date for Application Submission: Continuation of Previous Grant		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: 3/20/2015
Does this grant include <b>Indirect Cost Funds</b> for the College's use?		Yes: X      No:
If yes, indicate dollar amount and/or percentage rate allowed: 8%		
Will this grant require <b>State Matching Funds</b> ?		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 <b>In-Kind Support</b> ?		Yes:      No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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: 4.5
How many of these are new positions?		New FTE: 0
Briefly describe the purpose(s) of this application/award: The grant award is a continuation of the TRIO – Student Support Services program for Chadron State College. The project will serve low-income, first generation and/or disabled students at Chadron State College. The objective of services is to increase the academic success, retention and graduation rate.		
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 program remains the same. The funding was \$253,528 last year and \$247,344 the two years prior.		
Has this grant application been previously denied?		Yes:      No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Jennifer Schauer		
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: September 12, 2019
Notice of Intent	Application:	Accept Award: X
Name of Program: Update Lucid Key and Species Descriptions of Six Western Rangeland Grasshoppers with Emphasis on Oklahoma Distributions (Western Rangeland Grasshoppers Tool Update)		
Funding Source: USDA-APHIS Also indicate if the source is federal, state or private: Federal		
Is this grant a <b>Sub-Award</b> ?		Yes: X      No:
If a sub-award, indicate the agency the sub-award is through: Oklahoma State University		
Amount Requested: \$11,956.00	Amount Awarded: \$11,956.00	Funding Period: 7/1/2019 to 6/30/2020 Please indicate specific dates for the grant.
Closing Date for Application Submission: NA		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: June 18, 2019
Does this grant include <b>Indirect Cost Funds</b> for the College's use?		Yes: X      No:
If yes, indicate dollar amount and/or percentage rate allowed: 8%		
Will this grant require <b>State Matching Funds</b> ?		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 <b>In-Kind Support</b> ?		Yes:      No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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: Dr. Brust will be involved in this grant which is to update the current Western Grasshopper Identification tool. His specific work will include grasshopper identification, developing fact sheets for six grasshopper species, and integrating the new species into the current key/identification tool. This work will also help to support a Masters Student in the Entomology Program at Oklahoma State University, whose committee Dr. Brust will be a member of.		
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. Mathew Brust		
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: September 12, 2019
Notice of Intent	Application:	Accept Award: X
Name of Program: Upward Bound Food Service Program		
Funding Source: USDA: Summer Food Service Program Also indicate if the source is federal, state or private: Federal		
Is this grant a <b>Sub-Award</b> ?		Yes: X      No:
If a sub-award, indicate the agency the sub-award is through: Nebraska Department of Education Nutrition Services		
Amount Requested:	Amount Awarded: \$4,302.50	Funding Period: 10/1/2018 to 9/30/2019 Please indicate specific dates for the grant.
Closing Date for Application Submission: NA		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? No		Date Approved/Reviewed:
Does this grant include <b>Indirect Cost Funds</b> for the College's use?		Yes:      No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require <b>State Matching Funds</b> ?		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 <b>In-Kind Support</b> ?		Yes:      No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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:
Briefly describe the purpose(s) of this application/award: This award aids the existing Upward Bound program in providing summer meals to students. Upward Bound serves 50 low-income and first generation high school students in area schools to prepare students for postsecondary education.		
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: Program is the same as prior years, and the funding amount received was \$2,973.76 last 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: Maggie Smith-Bruehlman		
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: Wayne State College		Date: September 12, 2019
Notice of Intent	Application: X	Accept Award:
Name of Program: WATER to the Nth Power: <u>W</u> ater for <u>A</u> griculture in <u>T</u> omorrow's <u>E</u> cosystems and <u>R</u> esilience for <u>N</u> ebraska		
Funding Source: National Science Foundation (NSF) Also indicate if the source is federal, state or private: Federal		
Is this grant a <b>Sub-Award</b> ?	Yes: X	No:
If a sub-award, indicate the agency the sub-award is through: Nebraska EPSCoR		
Amount Requested:\$12,094,493 in year 1 with \$75,000 for WSC	Amount Awarded:	Funding Period: 8/1/21-7/31/26
Closing Date for Application Submission: 7/8/2019		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board?	Date Approved/Reviewed:	
Does this grant include <b>Indirect Cost Funds</b> 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 <b>State Matching Funds</b> ?	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.) \$15,000 - 20% In-Kind/Cash Match. In year one \$3,031 direct cash match for the development of mail surveys, outreach and communication materials and printing costs.		
Will this grant require <b>In-Kind Support</b> ?	Yes: X	No:
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.): In-Kind Match of \$11,969 in year one - \$9,569 in faculty salary and benefits and \$2,400 in computer equipment, supplies and office space for an undergraduate student worker.		
Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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: 0.44	
How many of these are new positions?	New FTE: 0.44	
Briefly describe the purpose(s) of this application/award: This pre-proposal for an NSF Research Infrastructure Improvement (RII) Grant proposal will assist state entities in transforming Nebraska's approach to agrichemical management, provide new integrated information for decision makers and reduce nitrogen in surface and ground waters for improved ecosystem and human health while creating sustainable agricultural systems. Dr. Lindsey Doctorman from WSC would serve as a co-PI on one of the four identified research activities. The \$75,000 for WSC would fund one summer month of salary and benefits for co-PI Doctorman, wages for an undergraduate student, travel costs for the co-PI and student worker, some supplies, indirect costs and support for a ten week summer research experience for undergraduate students to aid in recruitment and training of graduate students in the water sciences.		
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. Lindsey Doctorman, Business and Economics Department		
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**

College: Wayne State College		Date: September 12, 2019
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 <b>Sub-Award</b> ?		Yes: X    No:
If a sub-award, indicate the agency the sub-award is through: University of Nebraska Medical Center		
Amount Requested: \$248,250 over the 5 year period	Amount Awarded: \$32,222 Funding for award period 5/1/19-4/30/20	Funding Period: 07/01/15-4/30/20
Closing Date for Application Submission:		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: 9/6/14
Does this grant include <b>Indirect Cost Funds</b> 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 <b>State Matching Funds</b> ?		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 <b>In-Kind Support</b> ?		Yes:    No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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: 0.34
How many of these are new positions?		New FTE: 0.00
Briefly describe the purpose(s) of this application/award: This fifth 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 one undergraduate student in research during the academic year. It provides funding for student wages as well as basic laboratory supplies. The budget also covers 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 scholar 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 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: X    No:
If yes, please state the reason: This was a revised resubmission of a proposal by UNMC, with Wayne State College as a participant, which was not funded for 2014-2015.		
Person responsible for the preparation of the application: Dr. Shawn Percy, Professor, Life Sciences Department		
Administrator responsible for approving the application: Ms. Angie Fredrickson, Vice President, Administration and Finance		