

ITEMS FOR INFORMATION AND DISCUSSION/FISCAL, FACILITIES, AND AUDIT

November 14, 2019

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 Awards

- Bringing Awareness of Behavioral Health Career Paths to Rural Middle School Students (Behavioral Health Education of Nebraska [BHECN]) -- \$816
- Child Development Center Child Care Subsidy (Child Care and Development Block Grant) -- \$15,900
- NASA Nebraska Space Grant Consortium Fellowship 2019-2020(National Aeronautics & Space Administration [NASA]) -- \$4,000

Wayne State Award

- TRiO Student Support Services (U.S. Department of Education) -- \$354,325 for year 5 (2019-2020)

ATTACHMENTS:

- CSC Grant Award-BHECN (PDF)
- CSC Grant Award-Child Care (PDF)
- CSC Grant Award-NASA (PDF)
- WSC Grant Award-TRiO (PDF)

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

College: Chadron State College		Date: November 14, 2019
Notice of Intent	Application:	Accept Award: X
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 Sub-Award ?		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: \$816.00	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? Yes		Date Approved/Reviewed: September 13, 2019
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:
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: November 14, 2019
Notice of Intent	Application:	Accept Award: X
Name of Program: Child Development Center Child Care Subsidy		
Funding Source: Child Care and Development Block Grant 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: NE Department of Health and Human Services		
Amount Requested:	Amount Awarded: \$15,900.00* *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 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:
Briefly describe the purpose(s) of this application/award: This award aids the existing Child Development Center by providing funding to improve the children's overall wellness. 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: November 14, 2019
Notice of Intent	Application: X	Accept Award: X
Name of Program: Nasa Nebraska Space Grant Consortium Fellowship 2019-2020 (Joseph Keating)		
Funding Source: National Aeronautics & Space Administration (NASA) Also indicate if the source is federal, state or private: Federal		
Is this grant a Sub-Award ?		Yes: X No:
If a sub-award, indicate the agency the sub-award is through: University of Nebraska at Omaha		
Amount Requested: \$4,000.00	Amount Awarded: \$4,000.00	Funding Period: 8/1/2019 to 3/31/2020 Please indicate specific dates for the grant.
Closing Date for Application Submission: August 2019		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? No		Date Approved/Reviewed:
Does this grant include Indirect Cost Funds for the College's use?		Yes: No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?		Yes: No: X
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.):		
Will this grant require In-Kind Support ?		Yes: No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is State Maintenance of Effort or Future Fiscal Responsibility required?		Yes: No: X
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?		Yes: No:
How many FTE positions will the grant fund?		FTE: 0
How many of these are new positions?		New FTE:
Briefly describe the purpose(s) of this application/award: Requested funding will be fellowship for a student to conduct research on finding an inhibitor of the enzyme FosB, making fosfomycin an effective treatment option for methicillin-resistant Staphylococcus aureus (MRSA).		
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: This program has often provided fellowships for students' research at CSC. Research topics vary per award. Funding for the past and current years are \$4,000.00 per student		
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. Mary Keithly		
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: November 14, 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 Sub-Award ?		Yes: No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: \$308,069 for Year 1 (2015-2016)	Amount Awarded \$354,325 for Year 5 (2019-2020)	Funding Period: Year 5 09/01/2019-08/31/2020 Please indicate specific dates for the grant.
Closing Date for Application Submission: February 2, 2015		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: 03/26/15
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: 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.): 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: 5.51
How many of these are new positions?		New FTE: 0.00
Briefly describe the purpose(s) of this application/award: This award will provide funding to continue the TRiO Student Support Services Office at Wayne State College. The grant is awarded for a five-year period from 09/01/2015 to 08/31/2020. The award amount of \$354,325 for the fifth year includes additional funds for salaries, benefits and operating costs. The total award of \$1,644,016 for the five years provides funding for salaries, benefits, travel, supplies and indirect costs. The program also includes funds for speaker, trainer and presenter fees for activities of an educational or cultural nature. The program will serve 225 low income, first generation and/or physically handicapped students. 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 fifth year of five years of funding beginning September 1, 2015 through August 31, 2020, it continues 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: Dr. Jeffrey Carstens, Director of TRiO Student Support Services		
Administrator responsible for approving the application: Ms. Angie Fredrickson, Vice President Administration & Finance		