#### 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 Application

• The Big Event (Darold A. Newblom Foundation) -- \$1,500

#### Chadron State Award

- Behavioral Health Education Center of Nebraska (BHECN) Panhandle (Behavioral Health Education Center of Nebraska [BHECN]) -- \$18,701.35
- Crumb Rubber Grant (Nebraska Department of Environmental Quality Waste Reduction and Recycling) -- \$101,546
- Mountain Lion Scat Analysis (Nebraska Game and Parks) -- \$33,000
- NASA Nebraska Space Grant Consortium Fellowship 2019-2020 (Brittany Lovett & Kinsley Mason) (National Aeronautics & Space Administration [NASA]) -- \$8,000
- Nebraska Behavioral Health Jobs (Behavioral Health Education Center of Nebraska [BHECN]) -- \$5,000
- Rural Behavioral Health Webinar (Behavioral Health Education Center of Nebraska [BHECN]) -- \$10,000

#### Peru State Application

TRiO Student Support Services (U.S. Department of Education) -- \$319,773

#### Wayne State Applications

- Nebraska EPSCoR Undergraduate Research Experience (National Science Foundation Infrastructure Grant) -- \$4,605
- John G. Neihardt Conference Youth Remembered, 1881-1901 (Humanities Nebraska) -- \$1,900
- Wayne State College SSS Students with Disabilities (U.S. Department of Education)
   -- \$253,032 for Year 1 2020-2021
- TRiO Student Support Services (U.S. Department of Education) -- \$354,325 for Year 1 2020-2021

#### **ATTACHMENTS:**

- CSC Grant Application The Big Event (PDF)
- CSC Grant Award BHECN Panhandle (PDF)
- CSC Grant Award Crumb Rubber Grant (PDF)
- CSC Grant Award G&P Lion Scat (PDF)

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- CSC Grant Award NASA NE Space Grant (PDF)
- CSC Grant Award Nebraska Behaviorial Health Jobs (PDF)
- CSC Grant Award Rural Behavioral Webinar (PDF)
- PSC Grant Application TRIO (PDF)
- WSC Grant Application EPSCoR (PDF)
- WSC Grant Application Humanities Nebraska (PDF)
- WSC Grant Application SSS Students With Disabilities (PDF)
- WSC Grant Application TRIO (PDF)

Updated: 3/10/2020 10:45 AM

College: Chadron State College		Date: April 23, 2020		
Notice of Intent	Application: X	Accept Aw	/ard:	
Name of Program: The Big Event				
Funding Source: Darold A. Newblom Foundation 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 th	e sub-award is through:			
Amount Requested: \$1,500.00	Amount Awarded:	4/30/2021	eriod: 5/1/202 licate specific	
Closing Date for Application Submissi	on: March 31, 2020			
When reporting Grant Award Has Grant Application been approved	/reviewed by the Board? No	Date Appr	oved/Reviewe	ed:
Does this grant include Indirect Cost	Funds for the College's use?		Yes:	No: X
If yes, indicate dollar amount and/or p	ercentage rate allowed:			
Will this grant require State Matching	Funds?		Yes:	No: X
If yes, indicate dollar amount and spe postage, space rental, equipment, etc	cific uses of funds (i.e., salaries, honora .):	ariums, trave	el, office suppl	ies, phone,
Will this grant require In-Kind Suppo	rt?		Yes:	No: X
If yes, describe briefly (i.e., faculty reletc.):	ease time, support personnel, use of of	fice space, t	elephone, offi	ce supplies,
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility required?		Yes:	No: X
If yes, describe briefly				
Are there restrictions imposed by regu	ulation on claiming indirect costs?		Yes:	No:
How many FTE positions will the gran	t fund?		FTE: 0	
How many of these are new positions	?		New FTE:	
Briefly describe the purpose(s) of this application/award: This grant, if awarded, will help fund CSC's The Big Event. The Big Event is a student-led, community service day designed to say thank you to the community of Chadron. Since 2013, CSC's The Big Event has completed over 300 jobsites in the Chadron and surrounding areas and has had over 3000 student, faculty and staff volunteers participate in this annual service learning experience.				
Is this grant a continuation of a previo	us/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	n of the application: Dr. Shaunda Frenc	h-Collins		
Administrator responsible for approving the application: Dr. Randy Rhine				

College: Chadron State College		Date: April 23, 2020			
Notice of Intent	Application:	Accept Aw	/ard: X		
Name of Program: Behavioral Health	Education Center of Nebraska (BHECN	l) Panhandle	Э		
	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 th	e sub-award is through: University of N	ebraska Me	dical Center		
Amount Requested: \$18,701.35	ount Requested: \$18,701.35  Amount Awarded: \$18,701.35  Funding Period: 7/1/2019 to 06/30/2020  Please indicate specific dates for the grant.				
Closing Date for Application Submissi	on: June 2019				
When reporting Grant Award Has Grant Application been approved	/reviewed by the Board? No	Date Appr	oved/Reviewe	ed:	
Does this grant include Indirect Cost	Funds for the College's use?		Yes:	No: X	
If yes, indicate dollar amount and/or p	ercentage rate allowed:				
Will this grant require State Matching	Funds?		Yes:	No: X	
If yes, indicate dollar amount and spe postage, space rental, equipment, etc	cific uses of funds (i.e., salaries, honora	ıriums, trave	l, office suppl	ies, phone,	
Will this grant require In-Kind Suppo	rt?		Yes:	No: X	
If yes, describe briefly (i.e., faculty reletc.):	ease time, support personnel, use of off	ïce space, t	elephone, offi	ce supplies,	
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility required?		Yes:	No: X	
If yes, describe briefly			<del>,</del>	<del>,</del>	
Are there restrictions imposed by regu	ulation on claiming indirect costs?		Yes:	No:	
How many FTE positions will the gran	t fund?		FTE: 0.20 FTE		
How many of these are new positions	?		New FTE: (	)	
Briefly describe the purpose(s) of this application/award: Dr. Tara Wilson has been named the co-director of the new BHECN Panhandle. This part-time work will aid in the state's efforts to recruit and retain rural behavioral health professionals.					
Is this grant a continuation of a previo	us/existing grant?		Yes:	No: X	
If a continuation grant, describe the program:	revious grant in terms of amount, fundin	g period, an	d any differer	ices in	
Has this grant application been previously denied?  Yes: No: X			No: X		
If yes, please state the reason:	If yes, please state the reason:				
Person responsible for the preparation	n of the application: Dr. Tara Wilson				
Administrator responsible for approving the application: Dr. Randy Rhine					

College: Chadron State College		Date: April 23, 2020		
Notice of Intent	Application:	Accept Av	vard: X	
Name of Program: Crumb Rubber Gra	ant			
Funding Source: Nebraska Departme Also indicate if the source is federal, s	nt of Environmental Quality Waste Red state or private: State	uction and F	Recycling	
Is this grant a <b>Sub-Award</b> ?			Yes:	No: X
If a sub-award, indicate the agency th	e sub-award is through:			
Amount Requested: \$103,910.00	Amount Awarded: \$101,546.00	Funding Period: 2019 Please indicate specific dates for the grant.		
Closing Date for Application Submissi	on:			
When reporting Grant Award Has Grant Application been approved	/reviewed by the Board? Yes	Date Appr 22, 2019	oved/Review	ed: March
Does this grant include Indirect Cost	Funds for the College's use?		Yes:	No: X
If yes, indicate dollar amount and/or p	ercentage rate allowed:			
Will this grant require State Matching	Funds?		Yes:	No: X
If yes, indicate dollar amount and spe postage, space rental, equipment, etc	cific uses of funds (i.e., salaries, honora	ariums, trave	el, office supp	olies, phone,
Will this grant require In-Kind Support?			Yes: X	No:
If yes, describe briefly (i.e., faculty rele etc.): Stadium construction already pa	ease time, support personnel, use of of aid for in the amount of \$311,730.00	fice space, t	elephone, of	fice supplies,
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility required?		Yes:	No: X
If yes, describe briefly				
Are there restrictions imposed by regu	ulation on claiming indirect costs?		Yes:	No: X
How many FTE positions will the gran	t fund?		FTE: -0-	
How many of these are new positions	?		New FTE:	
crumbling cement stadium and press	application/award: The CSC football s box with a newly constructed stadium at as part of the project using recycled tild recycling initiatives.	ind press bo	x. The natura	al turf field
Is this grant a continuation of a previo	us/existing grant?		Yes:	No: X
If a continuation grant, describe the program:	revious grant in terms of amount, fundir	ng period, ar	nd any differe	nces in
Has this grant application been previously denied?  Yes: No: X			No: X	
If yes, please state the reason:				
Person responsible for the preparation	n of the application: Kari Gaswick, VPA	F		
Administrator responsible for approvir	ng the application: Dr. Randy Rhine, Pr	esident		

College: Chadron State College		Date: Apr	Date: April 23, 2020	
Notice of Intent	Application:	Accept Av	vard: X	
Name of Program: Mountain Lion Sca	t Analysis			
Funding Source: Nebraska Game and Also indicate if the source is federal, s				
Is this grant a <b>Sub-Award</b> ?			Yes:	No: X
If a sub-award, indicate the agency th	e sub-award is through:			
Amount Requested: \$33,000.00	Amount Awarded: \$33,000.00	Funding Period: 8/12/2019 to 5/15/2022 Please indicate specific dates for the grant.		
Closing Date for Application Submissi	on: July 2019			
When reporting Grant Award Has Grant Application been approved	/reviewed by the Board? No	Date Appr	oved/Review	ed:
Does this grant include Indirect Cost	Funds for the College's use?		Yes:	No: X
If yes, indicate dollar amount and/or p	ercentage rate allowed:			
Will this grant require State Matching	Funds?		Yes:	No: X
If yes, indicate dollar amount and spe postage, space rental, equipment, etc	cific uses of funds (i.e., salaries, honora c.):	ariums, trave	el, office supp	lies, phone,
Will this grant require In-Kind Suppo	rt?		Yes:	No: X
If yes, describe briefly (i.e., faculty reletc.):	ease time, support personnel, use of of	fice space, t	elephone, off	ice supplies,
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility required?		Yes:	No: X
If yes, describe briefly			1	<u> </u>
Are there restrictions imposed by regu	ulation on claiming indirect costs?		Yes:	No:
How many FTE positions will the gran	t fund?		FTE: 0	
How many of these are new positions	?		New FTE:	
tuition and fees for one graduate stud	application/award: This funding by Nel ent. The graduate student will complete ne Ridge of western Nebraska. Mileage	analytical r	esearch of so	at to
Is this grant a continuation of a previous/existing grant?		Yes:	No: X	
If a continuation grant, describe the program:	revious grant in terms of amount, fundir	ng period, ar	nd any differe	nces in
Has this grant application been previously denied?			Yes:	No: X
If yes, please state the reason:				
Person responsible for the preparation	n of the application: Dr. Teresa Frink			
Administrator responsible for approvir	ng the application: Dr. Randy Rhine			

College: Chadron State College		Date: Apr	il 23, 2020	
Notice of Intent	Application:	Accept Av	vard: X	
Name of Program: Nasa Nebraska Space Grant Consortium Fellowship 2019-2020 (Brittany Lovett & Kinsley Mason)				
Funding Source: National Aeronautics Also indicate if the source is federal, s	. , ,			
Is this grant a <b>Sub-Award</b> ?			Yes: X	No:
If a sub-award, indicate the agency th	e sub-award is through: University of N	ebraska at 0	Omaha	
Amount Requested: \$8,000.00	Amount Awarded: \$8,000.00	Funding Period: 8/1/2019 to 3/31/2020 Please indicate specific dates for		
Closing Date for Application Submiss	ion: August 2019	the grant.		
When reporting Grant Award Has Grant Application been approved	· · · · · ·	Date Appr	oved/Reviewe	ed:
Does this grant include Indirect Cost	Funds for the College's use?	<u> </u>	Yes:	No: X
If yes, indicate dollar amount and/or p	percentage rate allowed:			
Will this grant require State Matching	g Funds?		Yes:	No: X
If yes, indicate dollar amount and spe postage, space rental, equipment, etc	cific uses of funds (i.e., salaries, honora c.):	ariums, trave	el, office supp	lies, phone,
Will this grant require In-Kind Suppo	rt?		Yes:	No: X
If yes, describe briefly (i.e., faculty reletc.):	ease time, support personnel, use of of	fice space, t	elephone, offi	ce supplies,
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility required?		Yes:	No: X
If yes, describe briefly			1	T
Are there restrictions imposed by regu	ulation on claiming indirect costs?		Yes:	No:
How many FTE positions will the gran	nt fund?		FTE: 0	
How many of these are new positions	?		New FTE:	
conduct research. The research perta	application/award: Requested funding ins to NASA's MARS 2020 and future rossils, as well as, the formation of iron of	nissions by i	identifying sed	
Is this grant a continuation of a previous	us/existing grant?		Yes: X	No:
	revious grant in terms of amount, fundir vided fellowships for students' research ent 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 preparatio	n of the application: Dr. Mike Leite			
Administrator responsible for approving the application: Dr. Randy Rhine				

College: Chadron State College		Date: April 23, 2020		
Notice of Intent	Application:	Accept Aw	/ard: X	
Name of Program: Nebraska Behavio	ral Health Jobs			
Funding Source: Behavioral Health Education Center of Nebraska (BHECN) Also indicate if the source is federal, state or private: Private				
Is this grant a <b>Sub-Award</b> ?			Yes: X	No:
If a sub-award, indicate the agency th	e sub-award is through: University of N	ebraska Me	dical Center	
Amount Requested: \$5,000.00	Amount Awarded: \$5,000.00	Funding Period: 7/1/2019 to 6/30/2020  Pease indicate specific dates for the grant.		
Closing Date for Application Submissi	on: June 2019			
When reporting Grant Award Has Grant Application been approved	/reviewed by the Board? No	Date Appr	oved/Reviewe	ed:
Does this grant include Indirect Cost	Funds for the College's use?		Yes:	No: X
If yes, indicate dollar amount and/or p	ercentage rate allowed:			
Will this grant require State Matching	Funds?		Yes:	No: X
If yes, indicate dollar amount and spe postage, space rental, equipment, etc	cific uses of funds (i.e., salaries, honora .):	riums, trave	l, office suppl	ies, phone,
Will this grant require In-Kind Suppo	rt?		Yes:	No: X
If yes, describe briefly (i.e., faculty reletc.):	ease time, support personnel, use of off	ice space, to	elephone, offi	ce supplies,
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility required?		Yes:	No: X
If yes, describe briefly			<del>I</del>	<del>i</del>
Are there restrictions imposed by regu	ulation on claiming indirect costs?		Yes:	No: X
How many FTE positions will the gran	t fund?		FTE: 0	
How many of these are new positions	?		New FTE:	
	application/award: The aim of BHECN Nebraska. The grant gives trainings, me			
Is this grant a continuation of a previo	us/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 was the same as the prior year at \$5,000.00.				
Has this grant application been previously denied?  Yes: No: X			No: X	
If yes, please state the reason:				
Person responsible for the preparation	n of the application: Dr. Susan Schaeffe	r		
Administrator responsible for approving the application: Dr. Randy Rhine				

College: Chadron State College		Date: April 23, 2020		
Notice of Intent	Application:	Accept Av	vard: X	
Name of Program: Rural Behavioral H	lealth Webinar			
Funding Source: Behavioral Health Education Center of Nebraska (BHECN) Also indicate if the source is federal, state or private: Private				
Is this grant a <b>Sub-Award</b> ?			Yes: X	No:
If a sub-award, indicate the agency th	e sub-award is through: University of N	ebraska Me	dical Center	
Amount Requested: \$10,000.00	Amount Awarded: \$10,000.00	8/31/2020	eriod: 10/1/20	
Closing Date for Application Submissi	on:	·		
When reporting Grant Award Has Grant Application been approved	/reviewed by the Board? Yes	Date Appr 14, 2020	oved/Reviewe	ed: January
Does this grant include Indirect Cost	Funds for the College's use?		Yes:	No: X
If yes, indicate dollar amount and/or p	ercentage rate allowed:			
Will this grant require State Matching	Funds?		Yes:	No: X
If yes, indicate dollar amount and spe postage, space rental, equipment, etc	cific uses of funds (i.e., salaries, honora ):	ariums, trave	el, office suppl	ies, phone,
Will this grant require In-Kind Support	rt?		Yes:	No: X
If yes, describe briefly (i.e., faculty rele etc.):	ease time, support personnel, use of off	fice space, t	elephone, offi	ce supplies,
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility required?		Yes:	No: X
If yes, describe briefly				
Are there restrictions imposed by regu	ulation on claiming indirect costs?		Yes:	No:
How many FTE positions will the gran	t fund?		FTE: 0	
How many of these are new positions	?		New FTE:	
Briefly describe the purpose(s) of this application/award: This project proposes completing three webinars based on rural behavioral health practice. Once completed, the webinar will be housed on the BHECN website and behavioral health providers will be able to view them for continuing education credit.				
Is this grant a continuation of a previo	us/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	n of the application: Dr. Tara Wilson			
Administrator responsible for approving the application: Dr. Randy Rhine				

College: Peru State College D		Date: 1/2	Date: 1/20/2020	
Notice of Intent	Application: X	Accept Av	vard:	
Name of Program: TRIO Student Sup	pport Services			
Funding Source: U.S. Department of Also indicate if the source is federal, s				
Is this grant a <b>Sub-Award</b> ?			Yes:	No: X
If a sub-award, indicate the agency th	e sub-award is through:			
Amount Requested: \$319,773	Amount Awarded:	Funding Period: 9/1/2020 – 8/31/2025 Please indicate specific dates for the grant.		
Closing Date for Application Submissi	on: January 27, 2020			
When reporting Grant Award Has Grant Application been approved	/reviewed by the Board?	Date Appr	oved/Reviewe	ed:
Does this grant include Indirect Cost	Funds for the College's use?		Yes: X	No:
If yes, indicate dollar amount and/or p	ercentage rate allowed: 8% MTDC			
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.): Matching funds are not required; PSC voluntarily committed \$5,000 each year for supplies.				
Will this grant require In-Kind Suppor	rt		Yes X:	No:
Institutional cooperation, office and faci maintenance services, internet services				and
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility required	?	Yes:	No: X
If yes, describe briefly				
Are there restrictions imposed by regu	lation on claiming indirect costs?		Yes: X	No:
How many FTE positions will the gran	t fund?		FTE: 3.62	
How many of these are new positions	?		New FTE: 0.000	
Briefly describe the purpose(s) of this Success Services program at Peru St disabled students at Peru State Colleç and graduation rates of students.	ate College. The project will serve 2	30 low-income	, first generati	on and/or
Is this grant a continuation of a previo	us/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 is technically a new proposal for the first year of five years of funding beginning September 1, 2020 through August 31, 2025. It would continue a successful TRIO Student Success Services program at Peru State College which has been in place since 1990.				
Has this grant application been previously denied?			No: X	
If yes, please state the reason:				
Person responsible for the preparation	n of the application: Dr. Vicky Jones	, Director of St	udent Succes	s Services
Administrator responsible for approvin Management & Student Affairs	g the application: Dr. Jesse Dormar	n, Vice Preside	nt for Enrollm	ent

College: Wayne State College		Date: April 23, 2020		
Notice of Intent	Application: X	Accept Aw	/ard:	
Name of Program: Nebraska EPSCoF	R Undergraduate Research Experience			
Funding Source: National Science Fo Also indicate if the source is federal, s				
Is this grant a <b>Sub-Award</b> ?			Yes: X	No:
If a sub-award, indicate the agency th	e sub-award is through: Nebraska EPS	CoR		
Amount Requested:\$4,605	Amount Awarded:	Funding Period: 4/1/20-3/31/21 Please indicate specific dates for the grant.		
Closing Date for Application Submissi	on: February 10, 2020			
When reporting Grant Award Has Grant Application been approved	/reviewed by the Board?	Date Appr	oved/Reviewe	ed:
Does this grant include Indirect Cost	Funds for the College's use?		Yes:	No: X
If yes, indicate dollar amount and/or p	ercentage rate allowed:			
Will this grant require State Matching	Funds?		Yes:	No: X
If yes, indicate dollar amount and spe postage, space rental, equipment, etc	cific uses of funds (i.e., salaries, honora .):	riums, trave	l, office suppl	ies, phone,
Will this grant require In-Kind Support?			Yes:	No: X
If yes, describe briefly (i.e., faculty reletc.):	ease time, support personnel, use of off	ice space, t	elephone, offi	ce supplies,
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility required?		Yes:	No: X
If yes, describe briefly			<del>,</del>	
Are there restrictions imposed by regu	ulation on claiming indirect costs?		Yes: X	No:
How many FTE positions will the gran	t fund?		FTE: 0.00	
How many of these are new positions	?		New FTE: 0.00	
Briefly describe the purpose(s) of this application/award: This proposal requests funding for costs associated with carbon -14 dating of lake sediment and chemical analyses of bedrock apatite grains of two lake sediment cores collected from the bottom of the deepest portion of the Loch Vale Watershed in Rocky Mountain National Park. Age-depth modeling software and identification of distinct chemical populations of the apatite will be performed using statistical cluster analysis by an undergraduate Wayne State College student. The mid-YDS (Younger Dryas Stadial - the most abrupt climate change in Earth's recent history) observed in this lake sediment is important to investigate because it is analogous to climate change related trends being observed there today.				
Is this grant a continuation of a previo	us/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			No: X	
If yes, please state the reason:				
Person responsible for the preparation and Mathematics Department	n of the application: Dr. Jason Price, As	sociate Prof	essor, Physic	al Sciences
Administrator responsible for approvir Finance	ng the application: Ms. Angela Fredricks	on, Vice Pre	esident Admin	istration &

College: Wayne State College		Date: April 23, 2020		
Notice of Intent	Application: X	Accept Aw	ard:	
Name of Program: John G. Neihardt C	Conference – Youth Remembered, 188	1-1901		
Funding Source: Humanities Nebraska Also indicate if the source is federal, s				
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: \$1,900	Amount Awarded:	Funding Period: 9/21/20-9/22/2020 Please indicate specific dates for the grant.		
Closing Date for Application Submission	on: March 1, 2020			
When reporting Grant Award Has Grant Application been approved,	reviewed by the Board?	Date Appr	oved/Reviewe	ed:
Does this grant include Indirect Cost	Funds for the College's use?		Yes:	No: X
If yes, indicate dollar amount and/or po	ercentage 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.): Wayne State College must provide at least half of the total project costs, either through cash or in-kind contributions. State matching funds of \$550 include publicity expenses and refreshments for the panel discussions.				
Will this grant require In-Kind Support?		Yes: X	No:	
	ease time, support personnel, use of offe of college facilities and the time comm			
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility required?		Yes:	No: X
If yes, describe briefly				
Are there restrictions imposed by regu	lation on claiming indirect costs?		Yes: X	No:
How many FTE positions will the gran	t fund?		FTE: 0.00	
How many of these are new positions'	?		New FTE: 0.00	
Briefly describe the purpose(s) of this application/award: This proposal will help fund a conference to explore the history of Wayne, the Normal College (now Wayne State College) and the Midwest as detailed by John G. Neihardt, the Nebraska Poet Laureate in Perpetuity, in his last book. There will be panel discussions and lectures by various scholars from Nebraska that will bring a broader prospective of Neihardt's life and work. If funded, the grant will provide an honorarium for four speakers and newspaper advertising of the event.				
Is this grant a continuation of a previous/existing grant?		Yes:	No: X	
If a continuation grant, describe the pr program:	evious grant in terms of amount, fundin	g period, an	d any differen	ices in
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. Meenakshi Dala	al, Professor	Emeritus	
Administrator responsible for approvin Finance	g the application: Ms. Angela Fredrick	son, Vice Pr	esident Admir	nistration &

College: Wayne State College		Date: Apr	il 23, 2020	
Notice of Intent	Application: X	Accept Award:		
Name of Program: Wayne State Colle	ge SSS Students With Disabilities			
Funding Source: U.S. Department of I Also indicate if the source is federal, s				
Is this grant a <b>Sub-Award</b> ?			Yes:	No: X
If a sub-award, indicate the agency the	e sub-award is through:			
Amount Requested: \$253,032 for Year 1 (2020-2021)	Amount Awarded	•		2020-08/31/2025 c dates for the grant.
Closing Date for Application Submissi	on: January 27, 2020			
When reporting Grant Award Has Grant Application been approved	/reviewed by the Board?	Date Appr	oved/Review	red:
Does this grant include Indirect Cost	Funds for the College's use?		Yes: X	No:
If yes, indicate dollar amount and/or p	ercentage rate allowed: 8% of modified	d total direct	costs	
Will this grant require State Matching	Funds?		Yes: X	No:
	cific uses of funds (i.e., salaries, honora natching funds of \$2,335 for staff profe			
Will this grant require In-Kind Suppor	rt?		Yes: X	No:
	ease time, support personnel, use of of ities, support through many other office			
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility required?		Yes:	No: X
If yes, describe briefly				
Are there restrictions imposed by regu	ulation on claiming indirect costs?		Yes: X	No:
How many FTE positions will the gran	t fund?		FTE: 3.54	
How many of these are new positions	?		New FTE: 3.54	
Briefly describe the purpose(s) of this application/award: This proposal requests funding to serve 100 Student Support Services-eligible students with disabilities who have the greatest need for comprehensive services. It is for a five year period from 09/01/2020 to 08/31/2025. The requested amount of \$253,032 for the first year includes funding for salaries and benefits, travel, supplies and communication expenses. The goal of the program is to reduce the number of disadvantaged students dropping out of college, in particular those with disabilities, 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: However, Wayne State College has had a TRiO Student Support Services program since 1990-91.				
Has this grant application been previously denied?		Yes:	No: X	
If yes, please state the reason:				
Person responsible for the preparation	n of the application: Dr. Jeffrey Carsten	s, Director o	f TRiO Stude	ent Support Services
Administrator responsible for approving the application: Ms. Angie Fredrickson, Vice President Administration & Finance				

College: Wayne State College		Date: Apr	il 23, 2020		
Notice of Intent	Application: X	Accept Av	Accept Award:		
Name of Program: TRiO Student Sup	port Services				
Funding Source: U.S. Department of I Also indicate if the source is federal, s					
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: \$354,325 for Year 1 (2020-2021)	Amount Awarded	_		2020-08/31/2025 dates for the grant.	
Closing Date for Application Submissi	on: January 27, 2020	•			
When reporting Grant Award Has Grant Application been approved	/reviewed by the Board?	Date Appr	oved/Reviewe	ed:	
Does this grant include Indirect Cost	Funds for the College's use?		Yes: X	No:	
If yes, indicate dollar amount and/or p	ercentage rate allowed: 8% of modified	d total direct	costs		
Will this grant require State Matching	Funds?		Yes: X	No:	
	cific uses of funds (i.e., salaries, honora natching funds of \$6,600 for staff profe				
Will this grant require In-Kind Suppor	rt?		Yes: X	No:	
	ease time, support personnel, use of of ities, support through many other office				
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility required?		Yes:	No: X	
If yes, describe briefly					
Are there restrictions imposed by regu	lation on claiming indirect costs?		Yes: X	No:	
How many FTE positions will the gran	t fund?		FTE: 4.95		
How many of these are new positions	?		New FTE: 0.14		
Briefly describe the purpose(s) of this application/award: This proposal requests 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 requested amount of \$354,325 for the first year includes funding for salaries and benefits, travel, supplies and communication expenses. The program will serve 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 previo	us/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 proposal for the first year of five years of funding beginning September 1, 2020 through August 31, 2025, it would continue a very successful TRiO Student Support Services program, which has been funded since 1990-91.					
Has this grant application been previo	usly denied?		Yes:	No: X	
If yes, please state the reason:					
Person responsible for the preparation	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					