

CHANCELLOR INFORMATIONAL ITEMS

September 10, 2020

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

- Housing for CSC Guest Artists Theatre Abbott Foundation (Ethel S. Abbott Charitable Foundation) -- \$2,000
- Housing for CSC Guest Artists Theatre Burlington (Burlington Capital Foundation) -- \$2,000
- Housing for CSC Guest Artists Theatre Coffee (Burlington Capital Foundation) -- \$1,000
- Housing for CSC Guest Artists Theatre OTC Foundation (Oregon Trail Community Foundation) -- \$750

Chadron State Awards

- BHWET Program (DHHS/HRSA) -- \$10,854
- Housing for CSC Guest Artist Theatre Newblom (Darold A Newblom Foundation) -- \$1,400
- Math Science Building Initiative NET (Nebraska Environmental Trust) -- \$75,000
- Nebraska Research Network in Functional Genomics (National Institutes of Health) -- \$23,799 - year 6 of sub-award

Peru State Awards

- TRiO Student Support Services (U.S. Department of Education) -- \$330,965

Wayne State Awards

- Higher Education Emergency Relief Fund - Strengthening Institutions Program (U.S. Department of Education) -- \$123,276
- Nebraska Research Network in Functional Genomics (National Institutes of Health) - \$38,201

ATTACHMENTS:

- CSC Grant Application Housing for CSC Guest Artist Theatre Abbott Foundation (PDF)
- CSC Grant Application Housing for CSC Guest Artist Burlington (PDF)
- CSC Grant Application Housing for CSC Guest Artist Coffee (PDF)
- CSC Grant Application Housing for CSC Guest Artist OTC Foundation (PDF)
- CSC Grant Award BHWET Program (PDF)
- CSC Grant Award Housing for CSC Guest Artist Theatre Newblom Foundation (PDF)

- CSC Grant Award Math Science Building Initiative NET (PDF)
- CSC Grant Award NE Research in Functional Genomics 2020-2021 (PDF)
- PSC Grant Award - TRiO (PDF)
- WSC Grant Award-Higher Ed Emergency Relief Fund Strengthening Institution (PDF)
- WSC Grant Award-Nebraska Research Network in Functional Genomics(PDF)

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

College: Chadron State College		Date: September 10, 2020
Notice of Intent	Application: X	Accept Award:
Name of Program: Housing for CSC Guest Artists Theatre Abbott Foundation		
Funding Source: Ethel S. Abbott Charitable Foundation Also indicate if the source is federal, state or private Private		
Is this grant a Sub-Award ?	Yes:	No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: 2,000.00	Amount Awarded:	Funding Period: 8/2020-5/2021 Please indicate specific dates for the grant.
Closing Date for Application Submission:		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board?	Date Approved/Reviewed:	
Does this grant include Indirect Cost Funds for the College's use?	Yes:	No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?	Yes:	No: X
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.):		
Will this grant require In-Kind Support ?	Yes:	No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is State Maintenance of Effort or Future Fiscal Responsibility required?	Yes:	No: X
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?	Yes:	No:
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: Guest Artist Housing for AY 20/21 for theatre professionals to increase direct contact for students with theatre professionals.		
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: Scott Cavin		
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 10, 2020
Notice of Intent	Application: X	Accept Award:
Name of Program: Housing for CSC Guest Artists Theatre Burlington		
Funding Source: Burlington Capital Foundation Also indicate if the source is federal, state or private Private		
Is this grant a Sub-Award ?		Yes: No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: 2,000.00	Amount Awarded:	Funding Period: 8/2020-5/2021 Please indicate specific dates for the grant.
Closing Date for Application Submission:		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board?		Date Approved/Reviewed:
Does this grant include Indirect Cost Funds for the College's use?		Yes: No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?		Yes: No: X
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.):		
Will this grant require In-Kind Support ?		Yes: No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is State Maintenance of Effort or Future Fiscal Responsibility required?		Yes: No: X
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?		Yes: No:
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: Guest Artist Housing for AY 20/21 for theatre professionals to increase direct contact for students with theatre professionals.		
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: Scott Cavin		
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 10, 2020
Notice of Intent	Application: X	Accept Award:
Name of Program: Housing for CSC Guest Artists Theatre Coffee		
Funding Source: Burlington Capital Foundation Also indicate if the source is federal, state or private Private		
Is this grant a Sub-Award ?	Yes:	No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: 1,000.00	Amount Awarded:	Funding Period: 8/2020-5/2021 Please indicate specific dates for the grant.
Closing Date for Application Submission:		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board?	Date Approved/Reviewed:	
Does this grant include Indirect Cost Funds for the College's use?	Yes:	No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?	Yes:	No: X
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.):		
Will this grant require In-Kind Support ?	Yes:	No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is State Maintenance of Effort or Future Fiscal Responsibility required?	Yes:	No: X
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?	Yes:	No:
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: Guest Artist Housing for AY 20/21 for theatre professionals to increase direct contact for students with theatre professionals.		
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: Scott Cavin		
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 10, 2020
Notice of Intent	Application: X	Accept Award:
Name of Program: Housing for CSC Guest Artists Theatre OTC Foundation		
Funding Source: Oregon Trail Community Foundation Also indicate if the source is federal, state or private Private		
Is this grant a Sub-Award ?		Yes: No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: 750	Amount Awarded:	Funding Period: 8/2020-5/2021 Please indicate specific dates for the grant.
Closing Date for Application Submission:		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board?		Date Approved/Reviewed:
Does this grant include Indirect Cost Funds for the College's use?		Yes: No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?		Yes: No: X
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.):		
Will this grant require In-Kind Support ?		Yes: No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is State Maintenance of Effort or Future Fiscal Responsibility required?		Yes: No: X
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?		Yes: No:
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: Guest Artist Housing for AY 20/21 for theatre professionals to increase direct contact for students with theatre professionals.		
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: Scott Cavin		
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 10, 2020
Notice of Intent	Application:	Accept Award: X
Name of Program: Behavioral Health Workforce Education and Training Program		
Funding Source: DHHS/HRSA 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: Behavioral Health Education Center of Nebraska with University of Nebraska Medical Center		
Amount Requested: \$10,854.00	Amount Awarded: \$10,854.00	Funding Period: 09/01/2019 to 08/31/2020 Please indicate specific dates for the grant.
Closing Date for Application Submission: September 1, 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: X No:
If yes, indicate dollar amount and/or percentage rate allowed: 8% on expense not related to scholarships, i.e. max \$60.00		
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: NA
Briefly describe the purpose(s) of this application/award: This grant provides scholarship money for graduate students in counseling to take classes at CSC that meet the educational requirements towards licensure as a drug and alcohol counselor. Also provides a laptop for a student who may need it. This program is focused on rural areas.		
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		

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College: Chadron State College		Date: September 10, 2020
Notice of Intent	Application:	Accept Award: X
Name of Program: Housing for CSC Guest Artist Theatre Newblom		
Funding Source: Darold A. Newblom Foundation		
Also indicate if the source is federal, state or private Private		
Is this grant a Sub-Award ?		Yes: No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: \$1,400	Amount Awarded: \$1,400	Funding Period: 8/2020-5/2021 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? Yes		Date Approved/Reviewed: 6/18/19
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: Guest Artist Housing for AY 20/21 for theatre professionals to increase direct-- contact for students with theatre professionals.		
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: X No:
If yes, please state the reason: Grant not funded AY19/20 with reapplication of grant for AY 20/21 funds awarded.		
Person responsible for the preparation of the application: Scott Cavin		
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 10, 2020
Notice of Intent	Application:	Accept Award: X
Name of Program: Math Science Building Initiative NET		
Funding Source: Nebraska Environmental Trust Also indicate if the source is federal, state or private State		
Is this grant a Sub-Award ?		Yes: No: X
If a sub-award, indicate the agency the sub-award is through: University of Nebraska Medical Center		
Amount Requested:	Amount Awarded: \$75,000	Funding Period: 6/11/20 to 6/30/21 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: The purpose of this project is to support Design Development of the Math Science building. The Chadron State Foundation is an Application Funding Partner.		
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: Kari Gaswick/Jacob Rissler Chadron State Foundation		
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 10, 2020
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:	Amount Awarded: \$23,799.000 (Year 6 of sub-award)	Funding Period: 5/1/20 to 4/30/21 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 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: 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, \$23,799.00 was funded.		
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: Peru State College		Date: 08/11/2020
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: \$319,773	Amount Awarded: \$330,965	Funding Period: 9/1/2020 – 8/31/2025 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?		Date Approved/Reviewed: 04/23/2020
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% 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 Support		Yes X: No:
Institutional cooperation, office and facility space, telephones, computers, networked copiers, custodial and maintenance services, internet services, and use of College transportation (at programs' expense).		
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: 3.62
How many of these are new positions?		New FTE: 0.000
Briefly describe the purpose(s) of this application/award: The grant award is a continuation of the TRIO-Student Success Services program at Peru State College. The project will serve 230 low-income, first generation and/or disabled students at Peru State College. The objective of services is to increase the academic success, retention, and graduation rates of students.		
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 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?		Yes: No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Dr. Vicky Jones, Director of Student Success Services		
Administrator responsible for approving the application: Dr. Jesse Dorman, Vice President for Enrollment Management & Student Affairs		

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

College: Wayne State College		Date: September 10, 2020
Notice of Intent	Application:	Accept Award: X
Name of Program: Higher Education Emergency Relief Fund – Strengthening Institutions Program (SIP)		
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:\$123,516.00	Amount Awarded: \$123,276	Funding Period: 6/1/20-6/1/21 Please indicate specific dates for the grant.
Closing Date for Application Submission: August 1, 2020		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: June 16, 2020
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: 0.00
How many of these are new positions?		New FTE: 0.00
Briefly describe the purpose(s) of this application/award: This award provides funding which Wayne State College is eligible for under the Strengthening Institutions Program (SIP). The funds will be used to provide financial aid grants to students for expenses related to any component of the students' cost of attendance.		
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: Ms. Angela Fredrickson, Vice President Administration & Finance		
Administrator responsible for approving the application: Dr. Marysz P. Rames, President Wayne State College		

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

College: Wayne State College		Date: September 10, 2020
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: \$38,201 Funding for award period 05/01/2020-04/30/2021	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: 0.48
Briefly describe the purpose(s) of this application/award: This first 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 and the summer. 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 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: Ms. Angie Fredrickson, Vice President, Administration and Finance		