

CHANCELLOR INFORMATIONAL ITEMS

March 17, 2021

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

- CARES Act Child Care Stabilization Funds (Nebraska Children and Families Foundation - Department of Health and Human Services) -- \$5,550
- CARES Act Child Care Stabilization Funds (Department of Health and Human Services) -- \$1,200
- Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) Institutional Funding (U.S. Department of Education) -- \$1,475,445
- Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) Emergency Financial Aid Grants for Students (U.S. Department of Education) -- \$540,693
- Nebraska Research Network in Functional Genomics (National Institutes of Health) -- \$2,200

Peru State Awards

- Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) Institutional Funding (U.S. Department of Education) -- \$1,324,256
- Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) Emergency Financial Aid Grants for Students (U.S. Department of Education) -- \$413,672

Wayne State Application

- Addressing Rural Behavioral Health Needs Through Clinical Placements and Supervision Project (Health Resources and Services Administration [HRSA]) -- \$1,067,689 over 4-year period 7/1/21-6/30/25

Wayne State Awards

- Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) Emergency Financial Aid Grants for Students (U.S. Department of Education) -- \$1,260,780
- Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) Institutional Funding (U.S. Department of Education) -- \$3,040,257
- Higher Education Emergency Relief Fund - Strengthening Institutions Program (SIP) (U.S. Department of Education) -- \$1,436
- Nebraska Research Network in Functional Genomics (National Institutes of Health) - additional \$2,000

ATTACHMENTS:

- CSC Grant Award CARES Act Child Care Stabilizations (PDF)
- CSC Grant Award CARES Act Child Care DHHS (PDF)
- CSC Grant Award CRRSAA - Institutional (PDF)
- CSC Grant Award CRRSAA - Students (PDF)
- CSC Grant Award NE Research in Genomics (PDF)
- PSC Grant Award CRRSAA - Institutional (PDF)
- PSC Grant Award CRRSAA - Students (PDF)
- WSC Grant Application - Addressing Rural Behavioral Health (PDF)
- WSC Grant Award CRRSAA - Students (PDF)
- WSC Grant Award CRRSAA - Institutional (PDF)
- WSC Grant Award - Higher Ed Emergency Relief Fund Strengthening Institution (PDF)
- WSC Grant Award - Nebraska Research Network (PDF)

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

College: Chadron State College		Date: March 16, 2021
Notice of Intent	Application: X	Accept Award: X
Name of Program: CARES Act Child Care Stabilization Funds		
Funding Source: Nebraska Children and Families Foundation – Dept of Health & Human Services Also indicate if the source is federal, state or private: Federal		
Is this grant a Sub-Award ?	Yes:	No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: \$5,550	Amount Awarded: \$5,550	Funding Period: 3/12/2020 – 12/30/2020 Please indicate specific dates for the grant.
Closing Date for Application Submission: September 30, 2020		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: 9/25/2020
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? N/A	Yes:	No:
How many FTE positions will the grant fund?	FTE: 0	
How many of these are new positions?	New FTE: 0	
Briefly describe the purpose(s) of this application/award: Funds are to meet expenditures and fund items needed to continue serving children during the covid-19 pandemic, which may include salary, cleaning supplies, and classroom supplies. The Child Development Center is an early childhood education center with the purpose to of education CSC students in 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:		
Has this grant application been previously denied?	Yes:	No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Lona Downs		
Administrator responsible for approving the application: Dr. James Powell		

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

College: Chadron State College		Date: March 16, 2021
Notice of Intent	Application: X	Accept Award: X
Name of Program: CARES Act Child Care Stabilization Funds		
Funding Source: Department of Health and Human Services Also indicate if the source is federal, state or private: Federal		
Is this grant a Sub-Award ?	Yes:	No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested:	Amount Awarded: \$1200	Funding Period: 11/15/2020 - 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? N/A	Yes:	No:
How many FTE positions will the grant fund?	FTE: 0	
How many of these are new positions?	New FTE: 0	
Briefly describe the purpose(s) of this application/award: Funds are to meet expenditures and fund items needed to continue serving children during the covid-19 pandemic, such as, cleaning supplies and classroom supplies. The Child Development Center is an early childhood education center with the purpose to of education CSC students in 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:		
Has this grant application been previously denied?	Yes:	No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Lona Downs		
Administrator responsible for approving the application: Dr. James Powell		

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

College: Chadron State College		Date: March 16,2021
Notice of Intent	Application: X	Accept Award: X
Name of Program: Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) Institutional Funding		
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:	Amount Awarded: \$1,475,445.00	Funding Period: 5/6/2020 – 5/5/2021 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: X No:
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?		Yes: No: X
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.):		
Will this grant require In-Kind Support ?		Yes: No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is State Maintenance of Effort or Future Fiscal Responsibility required?		Yes: No: X
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?		Yes: No: 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: Funds may be used to cover any costs associated with significant changes to the deliver of instruction due to Covid. Expansions to remote learning programs, IT support, refunds to students made after March 13, 2020, salaries for staff who assist with necessary changes, etc		
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 with an increase of \$934,807 from the first round.		
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		
Administrator responsible for approving the application: Kari Gaswick		

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

College: Chadron State College		Date: March 16,2021
Notice of Intent	Application: X	Accept Award: X
Name of Program: Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) Emergency Financial Aid Grants for Students		
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:	Amount Awarded: \$540,693 (second round)	Funding Period: 6/16/2020 – 6/15/2021 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? No		Date Approved/Reviewed:
Does this grant include Indirect Cost Funds for the College's use?		Yes: No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?		Yes: No: X
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.):		
Will this grant require In-Kind Support ?		Yes: No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is State Maintenance of Effort or Future Fiscal Responsibility required?		Yes: No: X
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?		Yes: No: X
How many FTE positions will the grant fund?		FTE: 0
How many of these are new positions?		New FTE: 0
Briefly describe the purpose(s) of this application/award: Funds are expected to go directly to the students for expenses related to the disruption of campus operations due to Covid. May include food, housing, course materials, technology, health care, child care, etc. The student may consent in writing to apply the funds to their student account if they choose.		
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. Slight increase of \$325.		
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		
Administrator responsible for approving the application: Kari Gaswick		

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

College: Chadron State College		Date: March 16,2021
Notice of Intent	Application: X	Accept Award: X
Name of Program: Nebraska Research Network in Functional Genomics		
Funding Source: National Institutes of Health Also indicate if the source is federal, state or private: Federal		
Is this grant a Sub-Award ? Amendment to a Sub-Award		Yes: X No:
If a sub-award, indicate the agency the sub-award is through: University of Nebraska Medical Center		
Amount Requested:	Amount Awarded: \$2200 (Year 1) (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: X No:
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: Funding period remains the same, Year 1 Subaward is increased from \$23,799 to \$25,999 to be used for scholar supplies.		
Has this grant application been previously denied?		Yes: No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Dr. Ann Buchmann		
Administrator responsible for approving the application: Dr. James Powell		

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

College: Peru State College		Date: March 16, 2021
Notice of Intent	Application:	Accept Award: X
Name of Program: Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) Institutional Funding		
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: \$1,324,256	Amount Awarded: \$1,324,256	Funding Period: 05/20/2020 – 05/19/2021 Please indicate specific dates for the grant.
Closing Date for Application Submission: 08/01/2020		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board?		Date Approved/Reviewed: No
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: 41%		
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
How many of these are new positions?		New FTE: 0
Briefly describe the purpose(s) of this application/award: This grant will provide funding to reimburse the College for expenses due to COVID-19 and also to award additional student grants.		
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: VP Debbie A. White		
Administrator responsible for approving the application: President Dan Hanson		

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

College: Peru State College		Date: March 16, 2021
Notice of Intent	Application:	Accept Award: X
Name of Program: Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) Emergency Financial Aid Grants for Students		
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: \$413,672	Amount Awarded: \$413,672	Funding Period: 05/05/2020 – 05/04/2021 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: No
Does this grant include Indirect Cost Funds for the College's use?	Yes:	No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?	Yes:	No: X
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.):		
Will this grant require In-Kind Support ?	Yes:	No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is State Maintenance of Effort or Future Fiscal Responsibility required?	Yes:	No: X
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?	Yes: X	No:
How many FTE positions will the grant fund?	FTE: 0	
How many of these are new positions?	New FTE: 0	
Briefly describe the purpose(s) of this application/award: This grant will provide funding to students impacted by COVID-19.		
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: VP Debbie A. White		
Administrator responsible for approving the application: President Dan Hanson		

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

College: Wayne State College		Date: March 16, 2021
Notice of Intent	Application: X	Accept Award:
Name of Program: Addressing Rural Behavioral Health Needs Through Clinical Placements and Supervision Project		
Funding Source: Health Resources and Services Administration (HRSA) Also indicate if the source is federal, state or private Federal		
Is this grant a Sub-Award ?	Yes:	No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: \$1,067,689 over a 4 year period 07/01/2021– 06/30/2025	Amount Awarded:	Funding Period: 07/01/2021-06/30/2025
Closing Date for Application Submission: January 21, 2021		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board?		Date Approved/Reviewed:
Does this grant include Indirect Cost Funds for the College's use?	Yes: X	No:
If yes, indicate dollar amount and/or percentage rate allowed: 8% of Modified Total Direct Costs (MTDC) exclusive of tuition and fees.		
Will this grant require State Matching Funds ?	Yes:	No: X
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.):		
Will this grant require In-Kind Support ?	Yes:	No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is State Maintenance of Effort or Future Fiscal Responsibility required?	Yes:	No: X
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?	Yes: X	No:
How many FTE positions will the grant fund?	FTE: 1.72	
How many of these are new positions?	New FTE: 1.72	
Briefly describe the purpose(s) of this application/award: This proposal seeks to increase access to quality behavioral health services for rural and other high-need and high-demand populations in northeast Nebraska. The project will increase the number of WSC's graduating clinical mental health counselors who will go on to practice in Nebraska. It will also increase the number of CACREP qualified mental health supervisors in the area and it will allow WSC to add one new experiential training site in year's 2, 3 and 4 of the project which will provide a greater number and variety of interprofessional and experiential training opportunities for clinical mental health graduate-level interns. Funding is requested for 1.72 FTE summer faculty salaries and benefits over the four years. Funds are also requested for tuition and fee costs for a three credit hour CACREP supervision course to be taken by the students and clinical supervisors, stipends for the student interns, travel for faculty and supervisors and consultant/supervision services.		
Is this grant a continuation of a previous/existing grant?	Yes:	No: X
If a continuation grant, describe the previous grant in terms of amount, funding period, and any differences in program:		
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. Nicholas Shudak, Dean, School of Education & Behavioral Science		
Administrator responsible for approving the application: Ms. Angie Fredrickson, Vice President Administration & Finance		

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

College: Wayne State College		Date: March 16, 2021
Notice of Intent	Application:	Accept Award: X
Name of Program: Coronavirus Response & Relief Supplemental Appropriations Act (CRRSAA) Emergency Financial Aid Grants to Students		
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:\$1,260,780.00	Amount Awarded: \$1,260,780.00 in supplemental funds to bring total award amount to \$2,521,560.00	Funding Period: 04/28/2020-04/27/2021 Please indicate specific dates for the grant.
Closing Date for Application Submission: September 30, 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: X	No:
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 supplemental funding of \$1,260,780.00 in emergency grants to students with the most significant financial needs due to the COVID-19 pandemic, including students enrolled in exclusively distance education courses, for any component of their cost of attendance or other costs that arise due to coronavirus.		
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 funding is in addition to the \$1,260,780 in emergency financial aid grants to students, awarded under the CARES Act for the same award period, for expenses related to the disruption of campus operations due to the coronavirus to bring the total funding to \$2,521,560.		
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: March 16, 2021
Notice of Intent	Application:	Accept Award: X
Name of Program: Coronavirus Response & Relief Supplemental Appropriations Act (CRRSAA) Institutional Funding		
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:\$1,260,779.00	Amount Awarded: Supplemental funding of \$3,040,257.00 to bring total award amount to \$4,301,036.00	Funding Period: 06/02/2020-06/01/2021 Please indicate specific dates for the grant.
Closing Date for Application Submission: September 30, 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: X	No:
If yes, indicate dollar amount and/or percentage rate allowed: Institution's negotiated indirect cost rate agreement - 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: 0.00	
How many of these are new positions?	New FTE: 0.00	
Briefly describe the purpose(s) of this application/award: This award provides supplemental funding of \$3,040,257 to the institution for defraying expenses associated with coronavirus, carrying out student support activities that address needs related to coronavirus and making additional financial aid grants to 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 funding is in addition to the \$1,260,779 awarded under the CARES Act for the same award period for reimbursement of costs related to refunds made to students for housing and food service and other covid related expenses resulting from the disruption of campus operations due to coronavirus to bring the total funding to \$4,301,036.		
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: March 16, 2021
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: \$1,436.00 in additional funds to bring total award amount to \$124,712.00.	Funding Period: 06/01/20-06/01/21 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: 06/16/20 and 09/10/20
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: Institution's negotiated indirect cost rate agreement – 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: 0.00
How many of these are new positions?		New FTE: 0.00
Briefly describe the purpose(s) of this application/award: This award provides \$1,436 in additional funding which Wayne State College is eligible for under the Strengthening Institutions Program (SIP) for a total award of \$124,712. The funds will be used to provide financial aid grants to students for expenses related to coronavirus.		
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 funding is in addition to the \$123,516 initially awarded under the SIP for the same award period for expenses incurred by the institution and/or grants to students due to the coronavirus.		
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: March 16, 2021
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: Additional \$2,000 for award period 5/20-4/21 bringing total to \$40,201	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: The additional funds will be used for scholar supplies.		
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		