INFORMATION ONLY: Grant Applications and Awards

Board Policy 6024 requires the reporting of grant awards and applications to the Board as information, if they do not have a maintenance of effort or future fiscal responsibility. The following table summarizes the grant applications and awards.

Grant Applications and Awards					
	Reported as of May 3, 2021				
College	Grant Title	Amount			
	State College				
Applicati	ons:				
	- 2021 Intermountain Farm Business Management Benchmarking Consortium				
	(USDA/NIFA)	\$45,000.00			
	- Surveys for Rare Woodland Grasshoppers in Nebraska (Western North				
	American Naturalist)	<u>\$1,400.00</u>			
	Total	\$46,400.00			
Awards:					
	- 21-169 Math Science Building Initiative (Nebraska Environmental Trust) \$483,500	\$483,500.00			
	- Nebraska Research Network in Functional Genomics (National Institutes of				
	Health) additional funding	<u>\$13,541.00</u>			
	Total	\$497,041.00			
Wayne St	tate College				
Applicati	ons:				
	- BRAINSTEM: The Best Research and Innovation Network in the STEM fields				
	at WSC (National Science Foundation [NSF] Scholarships in Science,				
	Technology, Engineering and Mathematics [S-STEM])	\$750,000.00			
	- Grants to Reduce Domestic Violence, Dating Violence, Sexual Assault and	. ,			
	Stalking on Campus (Office on Violence Against Women)	\$300,000.00			
	Total	\$1,050,000.00			
Awards:					
	- Coronavirus Response & Relief Supplemental Appropriations Act (CRRSAA)				
	- Strengthening Institutions Program (SIP) (U.S. Department of Education)				
	additional funding				
	- Nebraska Research Network in Functional Genomics (National Institutes of				
	Health) additional funding	\$41,113.00			
	Total	\$223,920.00			

Grant details for each of the above grants are attached.

It should also be noted that new Grant Award Notices for HEERF II of the Coronavirus Response & Relief Supplemental Appropriations Act (CRRSAA) were received by the colleges. The revised awards did not change the available dollars reported to the Board in March, but extended the time frames as identified below. Supplemental guidance also allowed the funds to be used on expenses that had occurred from the beginning of the pandemic, March 13, 2020.

Revisions to CRRSSA Award Dates				
CSC	Original	Revised		
CRRSAA Institutional Award				
Start	5/6/2020	5/6/2020		
End	5/5/2021	1/16/2022		
CRRSAA Student Aid Award				
Start	6/16/2020	6/16/2020		
End	6/15/2021	1/16/2022		
PSC	Original	Revised		
CRRSAA Institutional Award				
Start	5/20/2020	5/20/2020		
End	5/19/2021	1/16/2022		
CRRSAA Student Aid Award				
Start	5/5/2020	5/5/2020		
End	5/4/2021	1/16/2022		
WSC				
CRRSAA Institutional Award	Original	Revised		
Start	6/2/2020	6/2/2020		
End	6/1/2021	1/16/2022		
CRRSAA Student Aid Award				
Start	4/28/2020	4/28/2020		
End	4/27/2021	1/17/2022		

ATTACHMENTS:

- CSC Grant Application-Intermountain Farm Benchmarking Consortium (PDF)
- CSC Grant Application-Surveys for Rare Woodland Grasshoppers (PDF)
- CSC Grant Award-Math Science Building Initiative (PDF)
- CSC Grant Award NE Research Network Genomics (PDF)
- WSC Grant Application-BRAINSTEM (PDF)
- WSC Grant Application-Domestic Violence (PDF)

- WSC Grant Award-Emergency Relief Supplemental Funding (PDF)
- WSC Grant Award-INBRE (PDF)

College: Chadron State College		Date: June 17, 2021			
Notice of Intent	Application: X	Accept Award:			
Name of Program: 2021 Intermountain Farm Business Management Benchmarking Consortium					
Funding Source: USDA/NIFA Also indicate if the source is federal, s	state or private: Federal				
Is this grant a Sub-Award?			Yes: X	No:	
If a sub-award, indicate the agency th	e sub-award is through:				
Amount Requested: \$45,000	Amount Awarded:	Funding Period: 09/01/2021 – 8/31/2024 Please indicate specific dates for the grant.			
Closing Date for Application Submissi	ion: NA				
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 p	ercentage rate allowed: 10%				
Will this grant require State Matching	J Funds?		Yes:	No: X	
If yes, indicate dollar amount and spe postage, space rental, equipment, etc		onorariums, trave	I, office supp	lies, 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 office space, te	elephone, off	ice supplies,	
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility require	ed?	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:	0	
Briefly describe the purpose(s) of this application/award: 1 st objective is to maintain/expand the national farm financial management database to support a variety of corps/livestock throughout the US and bring in small-med size farms from NE, WY, & SD. 2 nd objective is to establish/expand collaborative farm management partnerships with the national farm financial management benchmarking database.					
Is this grant a continuation of a previous/existing grant? Yes: No: X			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			No: X		
If yes, please state the reason:					
Person responsible for the preparation	n of the application: Christopher N	lcCarthy			
Administrator responsible for approving the application: Dr. James Powell					

College: Chadron State College		Date: June 17, 2021				
Notice of Intent	Application: X	Accept Award:				
Name of Program: Surveys for Rare Woodland Grasshoppers in Nebraska						
Funding Source: Western North Ame Also indicate if the source is federal, s						
Is this grant a Sub-Award?			Yes:	No: X		
If a sub-award, indicate the agency th	e sub-award is through:					
Amount Requested: \$1400	Amount Awarded:	Funding Period: 2021 – 2022 Please indicate specific dates for the grant.				
Closing Date for Application Submissi	on: NA					
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 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		onorariums, trave	l, office suppl	ies, phone,		
Will this grant require In-Kind Support	Will this grant require In-Kind Support? Yes: No: X					
If yes, describe briefly (i.e., faculty rele	ease time, support personnel, use	of office space, te	elephone, offi	ce supplies,		
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility require	ed?	Yes:	No: X		
If yes, describe briefly				1		
Are there restrictions imposed by regu	lation 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 in Nebraska's wooded areas across th past to survey, but with new informatio (Brust and Harman 2020). Collected s	nat state. The woodland grasshopp on in its behavior suggests that su	pers have been ve rveys can be strea	ery challengir amlined for ef	ig in the ficiency.		
Is this grant a continuation of a previous/existing grant? Yes: No: X			No: X			
If a continuation grant, describe the pr program:	revious grant in terms of amount, f	unding period, an	d any differer	nces in		
Has this grant application been previously denied? Yes: N			No: X			
If yes, please state the reason:						
Person responsible for the preparation	n of the application: Dr. Mathew L	. Brust				
Administrator responsible for approving the application: Dr. James Powell						

College: Chadron State College		Date: June 17, 2021			
Notice of Intent	Application: X	Accept Award: X			
Name of Program: 21-169-Math Science Building Initiative					
Funding Source: Nebraska Environme Also indicate if the source is federal, s				_	
Is this grant a Sub-Award?			Yes:	No: X	
If a sub-award, indicate the agency th	e sub-award is through: University of No	ebraska Meo	dical Center		
Amount Requested: \$483,500	Amount Awarded: \$483,500	5			
Closing Date for Application Submissi	on: NA				
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	I, office suppl	ies, phone,	
Will this grant require In-Kind Support? Yes: No: X					
If yes, describe briefly (i.e., faculty rele	ease time, support personnel, use of off	ïce space, te	elephone, offi	ce supplies,	
Is State Maintenance of Effort or Future Fiscal Responsibility required? Yes: No: X					
If yes, describe briefly				1	
Are there restrictions imposed by regu	lation 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 will allow for the purchase of environmentally friendly and sustainable landscaping which impacts the surface, ground water and soil management. Will ensure funding to purchase environmentally friendly HVAC, lighting, lab ventilation and more to reduce energy and water consumption. Chadron State Foundation is an application funding partner.					
Is this grant a continuation of a previo	Is this grant a continuation of a previous/existing grant? Yes: No: X			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			No: X		
If yes, please state the reason:					
Person responsible for the preparation	n of the application: Kari Gaswick/Jacob	Rissler Cha	adron State F	oundation	
Administrator responsible for approving the application: Dr. Randy Rhine					

College: Chadron State College		Date: June 17, 2021			
Notice of Intent	Application: X	Accept Award: X			
Name of Program: Nebraska Resear	rch Network in Functional Genomics				
Funding Source: National Institu Also indicate if the source is federal, s					
Is this grant a Sub-Award? Amendm	ent to a Sub-Award		Yes: X	No:	
If a sub-award, indicate the agency th	e sub-award is through: University of N	ebraska Meo	dical Center		
Amount Requested: Amount Awarded: Funding Period: 5/1/20 to 4/30/2* \$13,541.00 additional funding Please indicate specific dates for the grant.					
Closing Date for Application Submissi	on: NA				
When reporting Grant Award Has Grant Application been approved	/reviewed by the Board?	Date Appro	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	I, office suppl	ies, phone,	
Will this grant require In-Kind Support	Will this grant require In-Kind Support? Yes: No: X				
If yes, describe briefly (i.e., faculty rele	ease time, support personnel, use of of	fice space, te	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: 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. Additional funding is for a Nanodrop and printer.					
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: Funding period remains the same, Year 1 Subaward is increased from \$23,799 to \$25,999 to be used for scholar supplies. Additional funding of \$13,541 is for a Nanodrop and printer.					
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. Ann Buchmann				
Administrator responsible for approvir	ng the application: Dr. James Powell				

College: Wayne State College		Date: June 17, 2021		
Notice of Intent	Application: X	Accept Award:		
Name of Program: BRAINSTEM: The	Best Research and Innovation Network	in the STE	M fields is at V	WSC.
Funding Source: National Science For (S-STEM) Also indicate if the source is federal, s	undation (NSF) Scholarships in Science	, Technolog	yy, Engineerir	ng, and Mathematics
Is this grant a Sub-Award ?			Yes:	No: X
If a sub-award, indicate the agency the	e sub-award is through:		100.	
Amount Requested: \$750,000 over six years	Amount Awarded:	•		2022 to 12/31/2027 c dates for the grant.
Closing Date for Application Submissi	on: April 7, 2021			
When reporting Grant Award Has Grant Application been approved	/reviewed by the Board?	Date App	roved/Review	/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: 40% of direct s	alaries and	wages includ	ing 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 Fur	ture Fiscal Responsibility required?		Yes:	No: X
If yes, describe briefly			ŀ	1
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 would provide scholarships and support services to eighteen low-income, academically talented undergraduate students with demonstrated financial need to address the challenges they face in completing bachelors' degrees in STEM fields. Funds are requested for student stipends, travel, subsistence, laptops, research materials and supplies. Also requested are funds for summer salaries/benefits for five faculty members over the six years to oversee the project, assist with an early onboarding "Succeeding in the Sciences" week and other support measures for the students. Funds for consultant/evaluator fees, faculty travel to national S-STEM meetings and publication costs are included too.				
Is this grant a continuation of a previous/existing grant? Yes: No: X			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. Danielle Peekenschneider, Associate Professor of Biology and Dr. Ron Loggins, Dean of Science, Health and Criminal Justice				
Administrator responsible for approving the application: Ms. Angie Fredrickson, Vice President Administration & Finance				

College: Wayne State College D		Date: June 17, 2021		
Notice of Intent	Application: X	Accept Award:		
Name of Program: Grants to Reduce I	Domestic Violence, Dating Violence, Se	xual Assau	lt and Stalkin	g on Campus
Funding Source: Office on Violence A Also indicate if the source is federal, s	-			
Is this grant a Sub-Award?			Yes:	No: X
If a sub-award, indicate the agency the	e sub-award is through:			
Amount Requested: \$300,000 over a 3 year period	Amount Awarded:			/2021-09/30/2024 ic dates for the grant.
Closing Date for Application Submissi	on: 03/02/2021			
When reporting Grant Award Has Grant Application been approved	/reviewed by the Board?	Date App	roved/Reviev	ved:
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: 10% of Modifie	d Total Dire	ect Costs (M	FDC).
Will this grant require State Matching	Funds?		Yes:	No: X
If yes, indicate dollar amount and spec space rental, equipment, etc.):	cific uses of funds (i.e., salaries, honora	riums, trave	l, office supp	llies, phone, postage,
Will this grant require In-Kind Suppor	rt?		Yes:	No: X
If yes, describe briefly (i.e., faculty rele	ease time, support personnel, use of offi	ce space, t	elephone, off I	fice supplies, etc.):
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility required?		Yes:	No: X
If yes, describe briefly			1	
Are there restrictions imposed by regu	llation on claiming indirect costs?		Yes: X	No:
How many FTE positions will the gran	t fund?		FTE: 0.75	
How many of these are new positions	?		New FTE:	0.75
Briefly describe the purpose(s) of this application/award: This proposal requests funds to develop and strengthen victim services in cases involving domestic violence, dating violence, sexual assault, and stalking (DVDVSAS) on campus as well as prevention education and awareness programs. A Coordinated Community Response Team will be developed including off-campus and on-campus partners. This team will train law enforcement and school staff to respond effectively to DVDVSAS. Also, a mandatory prevention/education program about DVDVSAS will be developed and implemented for all incoming students. Funds are requested for a 0.75 FTE project director, travel expenses, educational software modules lease costs, subawards with the City of Wayne Police Department and Haven House and program materials.				
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			No: X	
If yes, please state the reason:				
Person responsible for the preparation of the application: Dr. David McMahan, Dean of Students				
Administrator responsible for approving the application: Ms. Angie Fredrickson, Vice President Administration & Finance				

College: Wayne State College		Date: June 17, 2021		
Notice of Intent	Application:	Accept Award: X		
Name of Program: Coronavirus Respo	onse & Relief Supplemental Appropriati	ons Act (CR	RSAA) Institu	utional Funding
Funding Source: U.S. Department of I Also indicate if the source is federal, s				
Is this grant a Sub-Award?			Yes:	No: X
If a sub-award, indicate the agency th	e sub-award is through:			
Amount Requested:\$1,260,779.00Amount Awarded: Supplemental funding of \$3,040,257.00 to bring total award amount to \$4,301,036.00Funding Period: 06/02/2020-01/16/202Please indicate specific dates for the 				
Closing Date for Application Submissi	on: September 30, 2020			
When reporting Grant Award Has Grant Application been approved	/reviewed by the Board? Yes	Date Appr 06/16/20,	oved/Review 03/16/21	ed:
Does this grant include Indirect Cost	Funds for the College's use?		Yes: X	No:
If yes, indicate dollar amount and/or p 40% of direct salaries and wages inclu	ercentage rate allowed: Institution's ne uding all fringe benefits.	gotiated ind	irect cost rate	e agreement -
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	l, office supp	lies, phone,
Will this grant require In-Kind Suppor	rt?		Yes:	No: X
If yes, describe briefly (i.e., faculty rele	ease time, support personnel, use of off	fice space, t	elephone, off	ice supplies, etc.):
Is State Maintenance of Effort or Fu	ture Fiscal Responsibility required?		Yes:	No: X
If yes, describe briefly			1	1
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 action extends the funding period from 06/01/2021 to 01/16/2022. The award provides supplemental funding of \$3,040,257.00 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 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: Award Action Number 3 adds additional time to the award funding period. Action Number 2 added additional funding to the \$1,260,779.00 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 \$4,301,036.00.				
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				

College: Wayne State College		Date: June 17, 2021		
Notice of Intent	Application:	Accept Award: X		
Name of Program: Nebraska Researc	h Network in Functional Genomics			
Funding Source: National Institutes of Also indicate if the source is federal, s			-	
Is this grant a Sub-Award?			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: \$272,605 over the 5 year period	Amount Awarded: Additional \$41,113 for award period 5/20-4/21 bringing total to \$81,314	Funding P 04/30/202	eriod: 05/01/2 5	2020-
Closing Date for Application Submissi	on:			
When reporting Grant Award Has Grant Application been approved	/reviewed by the Board? Yes	Date Appr 01/15/201	oved/Reviewe 9	ed:
Does this grant include Indirect Cost	Funds for the College's use?		Yes: X	No:
If yes, indicate dollar amount and/or p benefits	ercentage rate allowed: 40% of direct s	alaries and	wages includi	ng all fringe
Will this grant require State Matching	J 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	lies, 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 of	fice space, t	elephone, offi	ce supplies,
Is State Maintenance of Effort or Future Fiscal Responsibility required? Yes: No: X				No: X
If yes, describe briefly			1	+
Are there restrictions imposed by regu	ulation on claiming indirect costs?		Yes: X	No:
How many FTE positions will the gran	t fund?		FTE: 0.48	
How many of these are new positions	?		New FTE:	0.48
Briefly describe the purpose(s) of this purchase of a flow cytometer.	application/award: The additional fund	s will be use	ed for an equi	oment
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 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 Pearcy, Professor, Life Sciences Department				
Administrator responsible for approving the application: Ms. Angle Fredrickson, Vice President, Administration and Finance				