

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. For those that do have a maintenance effort or future fiscal impact, the Board is to approve the application in advance when possible. The following table summarizes the grant applications and awards.

Chadron State Applications:

- Housing for CSC Guest Artists (Bill & Virginia Coffee Family Foundation) -- \$2,000
- Know Your Well Northwest (U.S. Geological Survey through UNL Nebraska Water Center) -- \$5,950

Chadron State Awards:

- Small Business Administration NBDC (U.S. Small Business Administration) -- \$24,000
- CRRSA Coronavirus Response and Relief Supplemental Appropriations Act (Nebraska Children and Families/U.S. - DHHS Child Care and Development Fund) -- \$5,550 2nd year
- Nebraska Research Network in Functional Genomics (National Institutes of Health) - - \$22,699 amendment three (3) - year six (6) of sub-award
- TRIO - Upward Bound (U.S. Department of Education) -- \$297,597 year five (5) of five-year grant
- TRIO - Student Support Services (U.S. Department of Education) -- \$285,864 year two (2) of five-year grant

Peru State Application:

- Understanding and Reducing the Negative Effects of On-Screen Reading Comprehension (Spencer Foundation) -- \$13,927

Wayne State Application:

- Wayne State Interventions: A Path to Sustained Enrollment, Retention, and Graduation Rates "WaySin" (U.S. Department of Education Title III Strengthening Institutions Program) -- \$2,124,188

Wayne State Awards:

- American Rescue Plan Act of 2021 (ARP) Strengthening Institutions Program (SIP) (U.S. Department of Education) -- \$333,259 supplemental funds
- Nebraska Business Development Center (U.S. Small Business Administration) -- \$73,000
- Addressing Rural Behavioral Health Needs Through Clinical Placements and Supervisions Project (Health Resources and Services Administration) (HRSA) -- \$149,564 (July 1, 2021 - June 30, 2022)
- Nebraska Research Network in Functional Genomics (National Institutes of Health) - - \$36,601 (May 1, 2021-April 30, 2022)

ATTACHMENTS:

- CSC Grant Application - Housing for CSC Guest Artist (PDF)
- CSC Grant Application - Know Your Well Northwest (PDF)
- CSC Grant Award - NBDC 2021 (PDF)
- CSC Grant Award - CRRSA Coronavirus and Relief Act (PDF)
- CSC Grant Award - NE Research in Functional Genomics (PDF)
- CSC Grant Award - Upward Bound (PDF)
- CSC Grant Award - TRIO Student Support Services (PDF)
- PSC Grant Application - Ocal (PDF)
- WSC Grant Application - WSC Interventions (PDF)
- WSC Grant Award - ARP Strengthening Institution Funding (PDF)
- WSC Grant Award - NBDC (PDF)
- WSC Grant Award - HRSA Addressing Rural Behavioral Health (PDF)
- WSC Grant Award - INBRE 2021-22 (PDF)

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

College: Chadron State College		Date: September 9, 2021
Notice of Intent	Application: X	Accept Award:
Name of Program: Housing for CSC Guest Artists		
Funding Source: Bill & Virginia Coffee Family 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: 8/2021-5/2022 Please indicate specific dates for the grant.
Closing Date for Application Submission: July 15, 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: 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: Temporary on-campus housing for Guest Artists in Residence to increase direct contact between CSC theatre students and 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:		
Person responsible for the preparation of the application: Scott Cavin		
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: September 9, 2021
Notice of Intent	Application: X	Accept Award:
Name of Program: Know Your Well Northwest		
Funding Source: US Geological Survey through UNL Nebraska Water Center 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: UNL Water Center		
Amount Requested: 5,950.00	Amount Awarded:	Funding Period: Mar 2021 – Feb 2022 Please indicate specific dates for the grant.
Closing Date for Application Submission: December 11, 2020		
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: 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.):		
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: X
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: Partner with high school teachers and students to assist with field work in monitoring and analyzing water quality in private wells in Northwest Ne, as well as sending examples to various water agencies. The purpose is to recruit students and expand CSC science literacy and student research programs.		
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: Michael Leite and Tawny Tibbits		
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: September 9, 2021
Notice of Intent	Application: X	Accept Award: X
Name of Program: Small Business Administration NBDC		
Funding Source: U.S. Small Business Administration Also indicate if the source is federal, state or private: Federal		
Is this grant a Sub-Award ?		Yes: X No:
If a sub-award, indicate the agency the sub-award is through: University of Nebraska at Omaha		
Amount Requested:	Amount Awarded: \$24,000.00	Funding Period: 1/1/21 to 12/31/21 Please indicate specific dates for the grant.
Closing Date for Application Submission: December 2020		
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: 24% (waived)		
Will this grant require State Matching Funds ? \$8940.00		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.): \$8940.00 of salary		
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.): \$7,666		
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: .5
How many of these are new positions?		New FTE: 0
Briefly describe the purpose(s) of this application/award: This award is for funding to continue the operation of a regional center of the Nebraska Business Development Center at Chadron State College. It provides partial funding for the .5 office assistant position and one graduate assistant including fringe benefits.		
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 and funding period show no differences from prior years. The amount granted is \$1000 more than last period.		
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. Gary Dusek and Jennifer Wittrock		
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: September 9, 2021
Notice of Intent	Application:	Accept Award: X
Name of Program: CRRSA Coronavirus Response and Relief Supplemental Appropriations Act		
Funding Source: Nebraska Children and Families/US – DHHS Child Care and Development Fund 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: \$5,550.00 (2 nd year)	Funding Period: 5/01/2021 – 10/31/2021 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: 09/25/2020
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: The award aids the existing Child Development Center by providing financial assistance due to burdens caused by COVID-19. The Child Development Center is an education center with the purpose of educating a CSC's students in education.		
Is this grant a continuation of a previous/existing grant?		Yes: X No:
If a continuation grant, describe the previous grant in terms of amount, funding period, and any differences in program: This funding was received without additional application and same terms applies as last funding.		
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: September 10, 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:	Amount Awarded: \$22,699.00 (Amendment Three) (Year 6 of sub-award)	Funding Period: 5/1/20 to 4/30/22 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: 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:
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 is a slight decrease in funding of \$1600 from last funding period.		
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: Chadron State College		Date: September 9, 2021
Notice of Intent	Application:	Accept Award: X
Name of Program: TRIO - Upward Bound		
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: \$297,597.00 (Year 5 of five-year grant)	Funding Period: 9/1/2021 - 8/31/2022 Please indicate specific dates for the grant.
Closing Date for Application Submission: Continuation of Previous Grant		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: 4/30/2012
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%		
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: 5
How many of these are new positions?		New FTE: 0
Briefly describe the purpose(s) of this application/award: The TRIO-Upward Bound program funds are used to help prepare low-income and first generations students from three (3) target high schools for postsecondary education success and retention. To serve 60 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: The program remains the same with no change in the funding amount.		
Has this grant application been previously denied?		Yes: No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Heather Barry		
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: September 9, 2021
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:	Amount Awarded: \$285,864 (Year two of five-year grant)	Funding Period: 9/1/2021 – 8/31/2022 Please indicate specific dates for the grant.
Closing Date for Application Submission: Continuation of Previous Grant		
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%		
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: 4.5
How many of these are new positions?		New FTE: 0
Briefly describe the purpose(s) of this application/award: The grant award is a continuation of the TRIO – Student Support Services program for Chadron State College. The project will serve low-income, first generation and/or disabled students at Chadron State College. The objective of services is to increase the academic success, retention and graduation rate.		
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 and funding remain the same as year one with this being year two of the five-year grant. Total accumulation of \$571,728.		
Has this grant application been previously denied?		Yes: No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Jennifer Schaeer		
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: June 2, 2021
Notice of Intent	Application: X	Accept Award:
Name of Program: Understanding and Reducing the Negative Effects of On-Screen Reading Comprehension		
Funding Source: Spencer Foundation, private Also indicate if the source is federal, state or private		
Is this grant a Sub-Award ?	Yes:	No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: \$13,927	Amount Awarded:	Funding Period: Please indicate specific dates for the grant.
Closing Date for Application Submission: June 4, 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:	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: .25	
How many of these are new positions?	New FTE: .25	
Briefly describe the purpose(s) of this application/award: This grant would fund equipment and reassigned time for Dr. Turkan Ocal to complete her research project.		
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. Tim Borchers, Vice President for Academic Affairs		
Administrator responsible for approving the application: Debbie White, Vice President for Administration and Finance		

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

College: Wayne State College		Date: September 9, 2021
Notice of Intent	Application: X	Accept Award:
Name of Program: Wayne State Interventions: A Path to Sustained Enrollment, Retention, and Graduation Rates "WaySin"		
Funding Source: U.S. Department of Education Title III Strengthening Institutions Program 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: University of Nebraska Medical Center		
Amount Requested: \$2,124,188 over the 5 year period	Amount Awarded:	Funding Period: 10/01/21-09/30/26 Please indicate specific dates for the grant.
Closing Date for Application Submission: July 13, 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:	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: 6.97	
How many of these are new positions?	New FTE: 6.62	
Briefly describe the purpose(s) of this application/award: The focus of this proposal is to achieve these goals – 1) to close the achievement gaps in first-year retention and completion rates for low-income, first generation, and students of color and 2) improve institutional structures and campus culture to be more responsive to demographic shifts and workforce development needs of the region by improving instruction, campus climate and increasing engagement in student support services. Funding is requested for faculty/staff/student salaries and benefits, supplies, instructional technology, speakers, external evaluator, travel expenses and portion of Brandenburg renovation costs for student learning spaces.		
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. Anne McCarthy, Associate VP Academic Affairs		
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: September 9, 2021
Notice of Intent	Application:	Accept Award: X
Name of Program: American Rescue Plan Act of 2021 (ARP) 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: \$333,259 in supplemental funds to bring total award amount to \$640,778	Funding Period: 06/01/20-08/11/22 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, 09/10/20, 03/16/21, 06/17/21
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 \$333,259 in additional funding under the Strengthening Institutions Program (SIP) for a total award of \$640,778. The funding period is also extended to 08/11/2022. The award provides funding to make emergency financial grants to students and to defray expenses associated with coronavirus. A portion of the funds must also be used to implement evidence-based practices to monitor and suppress coronavirus in accordance with public health guidelines and to conduct direct outreach to financial aid applicants.		
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 \$124,712 awarded under the CARES Act and \$182,807 under the CRRSAA Act to bring the total to \$640,778 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		

College: Wayne State College		Date: September 9, 2021
Notice of Intent	Application:	Accept Award: X
Name of Program: Nebraska Business Development Center		
Funding Source: U.S. Small Business Administration Also indicate if the source is federal, state or private: Federal		
Is this grant a Sub-Award ?		Yes: X No:
If a sub-award, indicate the agency the sub-award is through: University of Nebraska at Omaha		
Amount Requested: \$73,000	Amount Awarded: \$73,000	Funding Period: 01/01/21-12/31/21 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: 01/13/21
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: 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.): Matching funds of \$20,750 includes a portion of salary and benefits of the director as well as communications, supplies and travel expenses.		
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.): In-Kind support includes the College's indirect cost rate with the U.S. Small Business Administration.		
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: 0.91
How many of these are new positions?		New FTE: 0.00
Briefly describe the purpose(s) of this application/award: This sub-award from the University of Nebraska-Omaha provides funding to continue the operation of a regional center of the Nebraska Business Development Center at Wayne State College. It covers partial funding for the salary and benefit costs of the director.		
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 subcontract will continue to fund the Nebraska Business Development Center at Wayne as it has for a number of years.		
Has this grant application been previously denied?		Yes: No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Mr. Loren Kucera, Director of Nebraska Business Development Center		
Administrator responsible for approving the application: Ms. Angie Fredrickson, Vice President, Administration and Finance		

NOTICE OF INTENT TO APPLY FOR, OR TO ACCEPT, AWARDS OF NON-STATE MAINTENANCE OF EFFORT GRANTS September 9, 2021

College: Wayne State College		Date: September 9, 2021
Notice of Intent	Application:	Accept Award: X
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: \$149,564 Funding for award period 07/01/21- 06/30/22	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? Yes		Date Approved/Reviewed: 03/16/21
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: 0.30
How many of these are new positions?		New FTE: 0.30
Briefly describe the purpose(s) of this application/award: This award funds a project designed 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 new experiential training sites which will provide a greater number and variety of interprofessional and experiential training opportunities for clinical mental health graduate-level interns. This first year award includes funding for 0.30 FTE summer faculty salaries and benefits. Funds are also provided 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: September 9, 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: \$36,601 Funding for award period 05/01/2021-04/30/2022	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: 0.00
Briefly describe the purpose(s) of this application/award: This second 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 undergraduate students in research during the academic year. It provides funding for student wages as well as basic laboratory supplies. It also funds 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 scholars 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		