

**BOARD OF TRUSTEES OF THE NEBRASKA STATE COLLEGES**  
**CHANCELLOR AND COLLEGE INFORMATIONAL ITEMS**

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*INFORMATION ONLY:*      **Grant Applications and Awards**

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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. 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 is a summary of the grant applications and awards reported as of October 2021.

| <b>Grant Applications and Awards</b> |   |                       |
|--------------------------------------|---|-----------------------|
| <b>Reported as of October 2021</b>   |   |                       |
| <b>College</b>                       | <b>Grant Title</b>  | <b>Amount</b>         |
| <b>Chadron State College</b>         |   |                       |
| Applications:                        |   |                       |
|                                      | Acquisition of a Handheld X-Ray Fluorescence Analyzer to Improve STEM Research/Teaching (Nebraska EPSCoR - National Science Foundation)   | \$35,920.00           |
|                                      | <b>Total</b>  | <b>\$35,920.00</b>    |
| Awards:                              |   |                       |
|                                      | Agency Respite Provider (Dept. of Health and Human Services - Western Community Health Resources)   | \$5,600.00            |
|                                      | Behavioral Health Education Center of Nebraska (BHECN) Panhandle (Behavioral Health Education Center of Nebraska (BHECN)  | \$25,719.82           |
|                                      | Child Development Center Child Food Service Program (U.S. Department of Agricultural)   | \$11,000.00           |
|                                      | NASA Nebraska Space Grant FY22 Fellowship (National Aeronautics & Space Administration [NASA])  | \$6,000.00            |
|                                      | Theatre Program Artist-in-Residence (Bill & Virginia Coffee Family Foundation)  | \$2,000.00            |
|                                      | <b>Total</b>  | <b>\$50,319.82</b>    |
| <b>Wayne State College</b>           |   |                       |
| Applications:                        |   |                       |
|                                      | Nebraska Business Development Center (U.S. Small Business Administration)   | \$73,000.00           |
|                                      | Wildcat Initiative for STEM Education (WISE) (National Science Foundation [NSF] Robert Noyce Teacher Scholarship Program  | \$1,157,200.00        |
|                                      | <b>Total</b>  | <b>\$1,230,200.00</b> |
| Awards:                              |   |                       |
|                                      | Grants to Reduce Domestic Violence, Dating Violence, Sexual Assault and Stalking on Campus (Office on Violence Against Women) -- \$300,000 (3 year period 10/1/21 - 9/30/24)  | \$300,000.00          |
|                                      | Wayne State Interventions: A Path to Sustained Enrollment, Retention and Graduation Rates (U.S. Department of Education Title III Strengthening Institutions Program) -- \$2,124,188 over 5 years (\$380,209 for 10/1/21 - 9/30/22) | \$2,124,188.00        |
|                                      | <b>Total</b>  | <b>\$2,424,188.00</b> |

**ATTACHMENTS:**

- CSC Grant Application Handheld X-Ray Fluorescence Analyzer (PDF)
- CSC Grant Award Agency Respite Provider (PDF)

- CSC Grant Award BHECN Panhandle Addendum 2 (PDF)
- CSC Grant Award Child Development Center Food Service Program 2021-2022 (PDF)
- CSC Grant Award NASA Space Grant FY22 Fellowship (PDF)
- CSC Grant Award Theater Program Artist-In-Residence (PDF)
- WSC Grant Apply NBDC 2022 (PDF)
- WSC Grant Apply NSF WISE (PDF)
- WSC Grant Accept DOJ DVDVSAS (PDF)
- WSC Grant Accept DOE Title III Strengthening Institutions Program Grant (PDF)

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

|   |                 |   |
|---|-----------------|---|
| College: Chadron State College  |                 | Date: November 11, 2021   |
| Notice of Intent  | Application: X  | Accept Award:   |
| Name of Program: Acquisition of a handheld x-ray fluorescence analyzer to improve STEM research/teaching  |                 |   |
| Funding Source: Nebraska EPSCor – National Science Foundation<br>Also indicate if the source is federal, state or private: Federal  |                 |   |
| Is this grant a <b>Sub-Award</b> ?  |                 | Yes:      No: X   |
| If a sub-award, indicate the agency the sub-award is through:   |                 |   |
| Amount Requested: \$35,920  | Amount Awarded: | Funding Period: 1/1/2021-6/30/2021<br>Please indicate specific dates for the grant. |
| Closing Date for Application Submission: October 15, 2021   |                 |   |
| When reporting Grant Award--<br>Has Grant Application been approved/reviewed by the Board?  |                 | Date Approved/Reviewed:   |
| Does this grant include <b>Indirect Cost Funds</b> for the College's use?   |                 | Yes:      No: X   |
| If yes, indicate dollar amount and/or percentage rate allowed:  |                 |   |
| Will this grant require <b>State Matching Funds</b> ?   |                 | 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.): \$7184 - equipment             |                 |   |
| Will this grant require <b>In-Kind Support</b> ?  |                 | Yes:      No: X   |
| If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):  |                 |   |
| Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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: To purchase a handheld x-ray fluorescence spectrometer to be in research and teaching and to enhance STEM outreach to the community. |                 |   |
| 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. Tawny Tibbitts   |                 |   |
| 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: November 11, 2021  |
| Notice of Intent   | Application: X  | Accept Award: X  |
| Name of Program: Agency Respite Provider   |   |  |
| Funding Source: Dept of Health and Human Services – Western Community Health Resources<br>Also indicate if the source is federal, state or private: State        |   |  |
| Is this grant a <b>Sub-Award</b> ?   |   | Yes:      No: X  |
| If a sub-award, indicate the agency the sub-award is through:  |   |  |
| Amount Requested: \$5600<br>Direct payment based on services needed  | Amount Awarded: \$5600<br>Direct payment based on services needed | Funding Period: 8/2021-5/2022<br>Please indicate specific dates for the grant. |
| Closing Date for Application Submission: N/A   |   |  |
| When reporting Grant Award--<br>Has Grant Application been approved/reviewed by the Board?   |   | Date Approved/Reviewed:  |
| Does this grant include <b>Indirect Cost Funds</b> for the College's use?  |   | Yes:      No: X  |
| If yes, indicate dollar amount and/or percentage rate allowed:   |   |  |
| Will this grant require <b>State Matching Funds</b> ?  |   | 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 <b>In-Kind Support</b> ?   |   | Yes:      No: X  |
| If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):                                 |   |  |
| Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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: Respite subsidy to assist parent(s) with special needs children in child care                         |   |  |
| 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: November 11, 2021   |
| Notice of Intent   | Application: X              | Accept Award: X   |
| Name of Program: Behavioral Health Education Center of Nebraska (BHECN) Panhandle  |                             |   |
| Funding Source: Behavioral Health Education Center of Nebraska (BHECN)<br>Also indicate if the source is federal, state or private: State  |                             |   |
| Is this grant a <b>Sub-Award</b> ?   |                             | Yes: X    No:   |
| If a sub-award, indicate the agency the sub-award is through: University of Nebraska Medical Center  |                             |   |
| Amount Requested: \$25,719.82  | Amount Awarded: \$25,719.82 | Funding Period: 7/1/2021 to 06/30/2022<br>Please indicate specific dates for the grant. |
| Closing Date for Application Submission: Sept 2021   |                             |   |
| When reporting Grant Award--<br>Has Grant Application been approved/reviewed by the Board? No  |                             | Date Approved/Reviewed:   |
| Does this grant include <b>Indirect Cost Funds</b> for the College's use?  |                             | Yes:    No: X   |
| If yes, indicate dollar amount and/or percentage rate allowed:   |                             |   |
| Will this grant require <b>State Matching Funds</b> ?  |                             | 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 <b>In-Kind Support</b> ?   |                             | Yes:    No: X   |
| If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):   |                             |   |
| Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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: 0.20 FTE   |
| How many of these are new positions?   |                             | New FTE: 0  |
| Briefly describe the purpose(s) of this application/award: Dr. Tara Wilson has been named the co-director of the new BHECN Panhandle Trust. This part-time work will aid in the state's efforts to recruit and retain rural behavioral health professionals. |                             |   |
| Is this grant a continuation of a 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 mission of the grant is the same as previous years. The funding has an increase of \$2018.47 in salary and benefits             |                             |   |
| Has this grant application been previously denied?   |                             | Yes:    No: X   |
| If yes, please state the reason:   |                             |   |
| Person responsible for the preparation of the application: Dr. Tara Wilson   |                             |   |
| Administrator responsible for approving the application: Dr. James Powell  |                             |   |

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

|  |  |   |
|--|--|---|
| College: Chadron State College   |  | Date: November 11, 2021   |
| Notice of Intent   | Application:   | Accept Award: X   |
| Name of Program: Child Development Center Child Food Service Program   |  |   |
| Funding Source: US Dept of Agriculture<br>Also indicate if the source is federal, state or private: Federal  |  |   |
| Is this grant a <b>Sub-Award</b> ?   |  | Yes:      No: X   |
| If a sub-award, indicate the agency the sub-award is through:  |  |   |
| Amount Requested: \$11,000<br>direct payment based on meals served   | Amount Awarded: \$11,000<br>direct payment based on meals served | Funding Period: 7/1/2021 – 6/30/2022<br>Please indicate specific dates for the grant. |
| Closing Date for Application Submission: N/A   |  |   |
| When reporting Grant Award--<br>Has Grant Application been approved/reviewed by the Board? No  |  | Date Approved/Reviewed:   |
| Does this grant include <b>Indirect Cost Funds</b> for the College's use?  |  | Yes:      No: X   |
| If yes, indicate dollar amount and/or percentage rate allowed:   |  |   |
| Will this grant require <b>State Matching Funds</b> ?  |  | 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 <b>In-Kind Support</b> ?   |  | Yes:      No: X   |
| If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):   |  |   |
| Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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 in providing meals to children ages 2 – 9 years. The Child Development Center Laboratory serves as an educational opportunity for CSC students in early childhood 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: Program the same as prior years and funding similar.  |  |   |
| 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: November 11, 2021   |
| Notice of Intent  | Application: X         | Accept Award: X   |
| Name of Program: NASA Nebraska Space Grant FY22 Fellowship  |                        |   |
| Funding Source: National Aeronautics & Space Administration (NASA)<br>Also indicate if the source is federal, state or private: Federal   |                        |   |
| Is this grant a <b>Sub-Award</b> ?  |                        | Yes: X    No:   |
| If a sub-award, indicate the agency the sub-award is through: University of NE at Omaha   |                        |   |
| Amount Requested: \$6000  | Amount Awarded: \$6000 | Funding Period: 9/1/2021 – 4/30/2022<br>Please indicate specific dates for the grant. |
| Closing Date for Application Submission: August 2021  |                        |   |
| When reporting Grant Award--<br>Has Grant Application been approved/reviewed by the Board? No   |                        | Date Approved/Reviewed:   |
| Does this grant include <b>Indirect Cost Funds</b> for the College's use?   |                        | Yes:    No: X   |
| If yes, indicate dollar amount and/or percentage rate allowed:  |                        |   |
| Will this grant require <b>State Matching Funds</b> ?   |                        | 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 <b>In-Kind Support</b> ?  |                        | Yes:    No: X   |
| If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):  |                        |   |
| Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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 grant award provides fellowship for two (2) students in research at CSC in the amount of \$3000 per student.   |                        |   |
| 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: The outline of the fellowship remains the same with an increase from one student to two students; therefore an increase by \$3000. |                        |   |
| 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. Mary Keithly   |                        |   |
| 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: November 11, 2021  |
| Notice of Intent   | Application: X         | Accept Award: X  |
| Name of Program: Theater Program Artist-In-Residence   |                        |  |
| Funding Source: Bill & Virginia Coffee Family Foundation<br>Also indicate if the source is federal, state or private: Private  |                        |  |
| Is this grant a <b>Sub-Award</b> ?   |                        | Yes:      No: X  |
| If a sub-award, indicate the agency the sub-award is through:  |                        |  |
| Amount Requested: \$2000   | Amount Awarded: \$2000 | Funding Period: 8/2021-5/2022<br>Please indicate specific dates for the grant. |
| Closing Date for Application Submission: July 15, 2021   |                        |  |
| When reporting Grant Award--<br>Has Grant Application been approved/reviewed by the Board? No  |                        | Date Approved/Reviewed:  |
| Does this grant include <b>Indirect Cost Funds</b> for the College's use?  |                        | Yes:      No: X  |
| If yes, indicate dollar amount and/or percentage rate allowed:   |                        |  |
| Will this grant require <b>State Matching Funds</b> ?  |                        | 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 <b>In-Kind Support</b> ?   |                        | Yes:      No: X  |
| If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):   |                        |  |
| Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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: No reason specified   |                        |  |
| Person responsible for the preparation of the application: Scott Cavin   |                        |  |
| Administrator responsible for approving the application: Dr. James Powell  |                        |  |

|  |                 |  |
|--|-----------------|--|
| College: Wayne State College   |                 | Date: November 11, 2021  |
| Notice of Intent   | Application: X  | Accept Award:  |
| Name of Program: Nebraska Business Development Center  |                 |  |
| Funding Source: U.S. Small Business Administration<br>Also indicate if the source is federal, state or private: Federal  |                 |  |
| Is this grant a <b>Sub-Award</b> ?   |                 | 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: | Funding Period: 01/01/22-12/31/22<br>Please indicate specific dates for the grant. |
| Closing Date for Application Submission:   |                 |  |
| When reporting Grant Award--<br>Has Grant Application been approved/reviewed by the Board?   |                 | Date Approved/Reviewed:  |
| Does this grant include <b>Indirect Cost Funds</b> for the College's use?  |                 | Yes:    No: X  |
| If yes, indicate dollar amount and/or percentage rate allowed:   |                 |  |
| Will this grant require <b>State Matching Funds</b> ?  |                 | 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 <b>In-Kind Support</b> ?   |                 | 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 <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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 proposed sub agreement with the University of Nebraska-Omaha would provide funding to continue the operation of a regional center of the Nebraska Business Development Center at Wayne State College. It would provide partial funding for 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 would 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 CONTRACTS OR GRANTS,**

|  |                 |   |
|--|-----------------|---|
| College: Wayne State College   |                 | Date: November 11, 2021   |
| Notice of Intent   | Application: X  | Accept Award:   |
| Name of Program: Wildcat Initiative for STEM Education (WISE)  |                 |   |
| Funding Source: National Science Foundation (NSF) Robert Noyce Teacher Scholarship Program<br>Also indicate if the source is federal, state or private: Federal  |                 |   |
| Is this grant a <b>Sub-Award</b> ?   | Yes:            | No: X   |
| If a sub-award, indicate the agency the sub-award is through:  |                 |   |
| Amount Requested: \$1,157,200<br>over 5 years (2022-2027)  | Amount Awarded: | Funding Period: 06/15/2022 to 06/14/2027<br>Please indicate specific dates for the grant. |
| Closing Date for Application Submission: August 31, 2021   |                 |   |
| When reporting Grant Award--<br>Has Grant Application been approved/reviewed by the Board?   |                 | Date Approved/Reviewed:   |
| Does this grant include <b>Indirect Cost Funds</b> 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 <b>State Matching Funds</b> ?  | 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 <b>In-Kind Support</b> ?   | Yes:            | No: X   |
| If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):   |                 |   |
| Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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: 2.60       |   |
| How many of these are new positions?   | New FTE: 2.60   |   |
| Briefly describe the purpose(s) of this application/award: The NSF Robert Noyce Teacher Scholarship Program seeks to encourage institutions of higher education to develop and sustain a culture where undergraduate STEM majors and STEM professionals are encouraged and supported to obtain the required degree to become teachers in high-need local school districts in the STEM areas. This proposal requests funding to cover 23.5 academic month a year salary/benefits costs during the summer for six faculty members over the five-year period as well as some travel costs for several to attend and/or present at national/regional conferences. It also requests funding for participant scholarships/stipends and travel costs for them to take part in WISE/Noyce related activities as well as during their student teaching semester. Other direct expense funding requested is for materials/supplies, publication costs and an external evaluator. |                 |   |
| 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: Proposal not recommended for funding at this time; would consider any future proposal submitted.  |                 |   |
| Person responsible for the preparation of the application: Dr. Nicholas Shudak, Dean, School of Education & Behavioral Sciences  |                 |   |
| 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: November 11, 2021  |
| Notice of Intent   | Application:              | Accept Award: X  |
| Name of Program: Grants to Reduce Domestic Violence, Dating Violence, Sexual Assault and Stalking on Campus  |                           |  |
| Funding Source: Office on Violence Against Women<br>Also indicate if the source is federal, state or private: Federal  |                           |  |
| Is this grant a <b>Sub-Award</b> ?   | Yes:                      | No: X  |
| If a sub-award, indicate the agency the sub-award is through:  |                           |  |
| Amount Requested: \$300,000 over a 3 year period   | Amount Awarded: \$300,000 | Funding Period: 10/01/2021-09/30/2024<br>Please indicate specific dates for the grant. |
| Closing Date for Application Submission: 03/02/2021  |                           |  |
| When reporting Grant Award--<br>Has Grant Application been approved/reviewed by the Board? Yes   |                           | Date Approved/Reviewed:<br>June 17, 2021   |
| Does this grant include <b>Indirect Cost Funds</b> for the College's use?  | Yes: X                    | No:  |
| If yes, indicate dollar amount and/or percentage rate allowed: 10% of Modified Total Direct Costs (MTDC).  |                           |  |
| Will this grant require <b>State Matching Funds</b> ?  | 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 <b>In-Kind Support</b> ?   | Yes:                      | No: X  |
| If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):   |                           |  |
| Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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: 0.75                 |  |
| How many of these are new positions?   | New FTE: 0.75             |  |
| Briefly describe the purpose(s) of this application/award: This award provides 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 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  |
| 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  |                           |  |

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

|  |   |  |
|--|---|--|
| College: Wayne State College   |   | Date: November 11, 2021  |
| Notice of Intent   | Application:  | Accept Award: X  |
| 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<br>Also indicate if the source is federal, state or private: Federal   |   |  |
| Is this grant a <b>Sub-Award</b> ?   |   | Yes:      No: X  |
| If a sub-award, indicate the agency the sub-award is through:  |   |  |
| Amount Requested: \$2,124,188 over the 5-year period   | Amount Awarded: \$2,124,188 over the 5-year period (\$380,209 for period 10/01/2021 – 09/30/2022) | Funding Period: 10/01/21-09/30/26<br>Please indicate specific dates for the grant. |
| Closing Date for Application Submission: July 13, 2021   |   |  |
| When reporting Grant Award--<br>Has Grant Application been approved/reviewed by the Board? Yes   |   | Date Approved/Reviewed:<br>September 9, 2021                                       |
| Does this grant include <b>Indirect Cost Funds</b> for the College's use?  |   | Yes:      No: X  |
| If yes, indicate dollar amount and/or percentage rate allowed:   |   |  |
| Will this grant require <b>State Matching Funds</b> ?  |   | 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 <b>In-Kind Support</b> ?   |   | Yes:      No: X  |
| If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):   |   |  |
| Is <b>State Maintenance of Effort</b> or <b>Future Fiscal Responsibility</b> 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 project 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 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. Angela Fredrickson, Vice President Administration & Finance   |   |  |