

BOARD OF TRUSTEES OF THE NEBRASKA STATE COLLEGES

CHANCELLOR INFORMATIONAL ITEMS

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 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 December 2021.

Grant Applications and Awards		
Reported as of December 2021		
College	Grant Title	Amount
Chadron State College		
Applications:		
	American Rescue Plan Act Child Care Stabilization Program (Department of Health and Human Services)	40,200.00
	Post-Apartheid Possibility: A Global History of Mandela-Mbeki South Africa (Fulbright Scholar Program)	49,340.00
	Theater Program Artist-in-Residence (Cooper Foundation)	5,000.00
	Post-Apartheid Possibility: A Global History of Mandela-Mbeki South Africa (National Endowment for Humanities)	6,000.00
Total		\$100,540.00
Awards:		
	Acquisition of a Handheld X-Ray Fluorescence Analyzer to Improve STEM Research/Teaching (Nebraska EPSCor - National Science Foundation)	\$28,736.00
	Behavioral Health Education Center of Nebraska (BHECN) Panhandle (Behavioral Health Education Center of Nebraska [BHECN])	\$25,719.82
	Nebraska Behavioral Health Education Partnership (NeBHEP) (University of Nebraska Medical Center)	\$2,000.00
Total		\$56,455.82
Wayne State College		
Awards:		
	Nebraska Collegiate Prevention Alliance (NECPA) Mini-Grant for Covid Emergency Relief Funding for Substance Abuse Prevention and Treatment Block Grant (Nebraska Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration)	\$14,975.00
Total		\$14,975.00

ATTACHMENTS:

- CSC Grant Application (ARPA) Child Care Stabilization (PDF)
- CSC Grant Application Post Apartheid Possibility Fulbright Scholar Program (PDF)
- CSC Grant Application Post Apartheid Possibility National Endowment (PDF)
- CSC Grant Application Theater Program Artist-In-Residence_ (PDF)
- CSC Grant Award Handheld X-Ray Fluorescence Analyzer (PDF)
- CSC Grant Award BHECN Panhandle (PDF)
- CSC Grant Award University of Nebraska Medical Center NeBHEP (PDF)
- WSC Grant Apply NECPA Mini-Grants for COVID Emerengy Funding for Sub Abuse Prev and Trtment (PDF)

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

College: Chadron State College		Date: January 12, 2022
Notice of Intent	Application: X	Accept Award:
Name of Program: American Rescue Plan Act Child Care Stabilization Program		
Funding Source: Dept of Health & Human Services Also indicate if the source is federal, state or private: Federal		
Is this grant a Sub-Award ?		Yes: No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: \$40,200	Amount Awarded:	Funding Period: 03/13/2020-09/30/2022 Please indicate specific dates for the grant.
Closing Date for Application Submission: November 24, 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? 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: This funding will be used for salary, wages, benefits, facility and program improvements, professional development, goods and services necessary to maintain and retain child care 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: 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 12, 2022
Notice of Intent	Application: X	Accept Award:
Name of Program: Post-Apartheid Possibility: A Global History of Mandela-Mbeki South Africa		
Funding Source: Fulbright Scholar 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:		
Amount Requested: \$49,340	Amount Awarded:	Funding Period: 1/1/2022-7/30/2023 Please indicate specific dates for the grant.
Closing Date for Application Submission: September 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: Conduct research, teach graduate/undergraduate courses, teach and research in their area of specialization. Contribute to curriculum development and provide tutorials, advise and mentor students.		
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. Thomas E. Smith		
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 12, 2022
Notice of Intent	Application: X	Accept Award:
Name of Program: Post-Apartheid Possibility: A Global History of Mandela-Mbeki South Africa		
Funding Source: National Endowment for Humanities 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: \$6000	Amount Awarded:	Funding Period: 5/1/2022-4/30/2023 Please indicate specific dates for the grant.
Closing Date for Application Submission: September 22, 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: Pursue research that is of value to humanities scholars, general audiences; support research and writings, furthering the NEH's commitment to diversity and inclusion in humanities		
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. Thomas E. Smith		
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: January 12, 2022
Notice of Intent	Application: X	Accept Award:
Name of Program: Theater Program Artist-In-Residence		
Funding Source: Cooper 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: \$5000.00	Amount Awarded:	Funding Period: 8/2021-5/2022 Please indicate specific dates for the grant.
Closing Date for Application Submission: November 29, 2021		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? No		Date Approved/Reviewed:
Does this grant include Indirect Cost Funds for the College's use?		Yes: No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?		Yes: No: X
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.):		
Will this grant require In-Kind Support ?		Yes: No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is State Maintenance of Effort or Future Fiscal Responsibility required?		Yes: No: X
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?		Yes: No:
How many FTE positions will the grant fund?		FTE: 0
How many of these are new positions?		New FTE:
Briefly describe the purpose(s) of this application/award: 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: No: x
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		

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

College: Chadron State College		Date: January 12, 2022
Notice of Intent	Application:	Accept Award: X
Name of Program: Acquisition of a handheld x-ray fluorescence analyzer to improve STEM research/teaching		
Funding Source: Nebraska EPSCor – National Science Foundation 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:		
Amount Requested: \$35,920	Amount Awarded: \$28,736.00	Funding Period: 11/12/2021-4/30/2022 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: 11/11/2021
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.): \$5747.20 - equipment		
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: 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: January 12, 2022
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) Also indicate if the source is federal, state or private: State		
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: \$25,719.82	Amount Awarded: \$25,719.82	Funding Period: 7/1/2021 to 06/30/2022 Please indicate specific dates for the grant.
Closing Date for Application Submission: September 2021		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? No		Date Approved/Reviewed:
Does this grant include Indirect Cost Funds for the College's use?		Yes: No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?		Yes: No: X
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.):		
Will this grant require In-Kind Support ?		Yes: No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is State Maintenance of Effort or Future Fiscal Responsibility required?		Yes: No: X
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?		Yes: No:
How many FTE positions will the grant fund?		FTE: 0.20 FTE
How many of these are new positions?		New FTE: 0
Briefly describe the purpose(s) of this application/award: Dr. Tara Wilson continues as co-director of the BHECN Panhandle. This funding will allow Dr. Wilson to 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 increased in salary and allowable benefits by \$2018.47 and continues with \$5000 in operating expense.		
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: January 12, 2022
Notice of Intent	Application: X	Accept Award: X
Name of Program: Nebraska Behavioral Health Education Partnership (NeBHEP)		
Funding Source: University of Nebraska Medical Center Also indicate if the source is federal, state or private: State		
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: \$2000	Amount Awarded: \$2000	Funding Period: 7/1/2021 to 06/30/2022 Please indicate specific dates for the grant.
Closing Date for Application Submission: September 2021		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? No		Date Approved/Reviewed:
Does this grant include Indirect Cost Funds for the College's use?		Yes: No: X
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?		Yes: No: X
If yes, indicate dollar amount and specific uses of funds (i.e., salaries, honorariums, travel, office supplies, phone, postage, space rental, equipment, etc.):		
Will this grant require In-Kind Support ?		Yes: No: X
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.):		
Is State Maintenance of Effort or Future Fiscal Responsibility required?		Yes: No: X
If yes, describe briefly		
Are there restrictions imposed by regulation on claiming indirect costs?		Yes: No:
How many FTE positions will the grant fund?		FTE: 0
How many of these are new positions?		New FTE: 0
Briefly describe the purpose(s) of this application/award: The funding will be used to increase behavioral health opportunities and awareness in rural Nebraska by participation in Nebraska Behavioral Health Education Partnership (NeBHEP) program by through state meetings, strategic planning meetings and annual summit in Omaha.		
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. Name change from Student Interest Group to NeBHEP		
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: Wayne State College		Date: January 12, 2022
Notice of Intent	Application: <input checked="" type="checkbox"/>	Accept Award:
Name of Program: Nebraska Collegiate Prevention Alliance (NECPA) Mini-Grant for Covid Emergency Relief Funding for the Substance Abuse Prevention and Treatment Block Grant		
Funding Source: Nebraska Department of Health & Human Services and the Substance Abuse and Mental Health Services Administration Also indicate if the source is federal, state or private: Federal		
Is this grant a Sub-Award ?		Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
If a sub-award, indicate the agency the sub-award is through: Nebraska Collegiate Prevention Alliance		
Amount Requested: \$14,975.00	Amount Awarded:	Funding Period: 12/01/2021 – 02/21/2023 Please indicate specific dates for the grant.
Closing Date for Application Submission: November 19, 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: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
If yes, indicate dollar amount and/or percentage rate allowed:		
Will this grant require State Matching Funds ?		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
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: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
If yes, describe briefly (i.e., faculty release time, support personnel, use of office space, telephone, office supplies, etc.): Wayne State College will provide In-Kind Contribution of Salaries/Benefits to coordinate and administer this program.		
Is State Maintenance of Effort or Future Fiscal Responsibility required?		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
If yes, describe briefly.		
Are there restrictions imposed by regulation on claiming indirect costs?		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
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 Nebraska Collegiate Alliance Mini-Grant for COVID Emergency Relief Funding for Substance Abuse Prevention and Treatment Block Grant seeks to encourage institutions of higher education to develop and sustain a culture and objective to help plan, implement, and evaluate activities that prevent and treat substance abuse. This proposal requests funding to cover hiring a DJ for 7 dances during the grant period to increase late night programming on campus as an alternative to alcohol and drug use. Grant funds will also be used to train counseling staff to present an alcohol literacy curriculum to every Wayne State College student at least once during their college experience.		
Is this grant a continuation of a previous/existing grant?		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
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: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
If yes, please state the reason:		
Person responsible for the preparation of the application: Alicia Dorcey McIntosh, Director Student Health and Counseling		
Administrator responsible for approving the application: Ms. Angie Fredrickson, Vice President Administration & Finance		