

BOARD OF TRUSTEES OF THE NEBRASKA STATE COLLEGES
CHANCELLOR INFORMATIONAL ITEMS

INFORMATION ONLY: Grant Applications and Awards for Information

Board Policy 6024 requires the reporting of grant awards and applications to the Board as information, if they do not have a state maintenance of effort or future fiscal responsibility. 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 May 2022.

**Grant Applications and Awards
Reported as of May 2022**

College	Grant Title	Amount
Chadron State College		
Application:	Theater Program Artist-In-Residence (Darold A. Newblom Foundation)	\$1,400
Total		\$1,400
Awards:		
	Behavioral Health Education Center of Nebraska (BHECN) Panhandle (Behavioral Health Education Center of Nebraska (BHECN))	\$5,000
	Nebraska Research Network in Functional Genomics (amendment #5) (National Institutes of Health)	\$43,607
Total		\$48,607
Wayne State College		
Award:	Nebraska Research Network in Functional Genomics (National Institutes of Health) carryover funding addition bringing total award to \$59,078	\$22,477
Total		\$22,477

ATTACHMENTS:

- CSC Grant Application Theater Program Artist-In-Residence_ (PDF)
- CSC Grant Award BHECN Panhandle addendum3 (PDF)
- CSC Grant Award NE Research in Functional Geonomics Amend 5 (PDF)
- WSC Grant Award - Nebr Research Network (DOCX)

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

College: Chadron State College		Date: June 16, 2022
Notice of Intent	Application: X	Accept Award:
Name of Program: Theater Program Artist-In-Residence		
Funding Source: Darold A Newblom Foundatioin 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: \$1400	Amount Awarded:	Funding Period: 8/2022 – 5/2023 Please indicate specific dates for the grant.
Closing Date for Application Submission: March 31, 2022		
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: 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		

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

College: Chadron State College		Date: June 16, 2022
Notice of Intent	Application:	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:	Amount Awarded: \$5000.00	Funding Period: Please indicate specific dates for the grant. 7/1/2021 to 06/30/2022
Closing Date for Application Submission:		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: Jan 12,2022
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 increased with an additional \$5000 in operating costs		
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: June 16, 2021
Notice of Intent	Application:	Accept Award: X
Name of Program: Nebraska Research Network in Functional Genomics (amendment #5)		
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: \$43,607.00	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: 9/2001
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: This additional funding is for the purchase of an inverted microscope and absorbance reader.		
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		

College: Wayne State College		Date: June 16, 2022
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: Carryover Funding of \$22,477 for award period 5/21-4/22 bringing total to \$59,078	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: 09/09/2021
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: 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.) Original quote on equipment was \$22,477.00, which is what we were approved to purchase with carryover funds. That piece of equipment is now discontinued, so the new equipment cost is \$26,176.87. Carryover funding of \$22,477.00 will be used. The balance of \$3,699.87 will be paid from the institution's budget.		
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: X No:
If yes, describe briefly: Possible future service/maintenance of equipment after warranty expires.		
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: The additional carryover funds will be used for an equipment purchase of a CFS Connect Real-Time PCR Detection System.		
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		