

BOARD OF TRUSTEES OF THE NEBRASKA STATE COLLEGES
CHANCELLOR AND COLLEGE 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 August 2022.

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

| College | Grant Title | Amount |
|------------------------------|--|------------------|
| Chadron State College | | |
| Application: | Nebraska Behavioral Health Education Partnership (NeBHEP) (University of Nebraska Medical Center) | \$1,500 |
| | Nebraska Panhandle Para-to-Teacher Partnership Academy (Nebraska Department of Education) | \$100,000 |
| Total | | \$101,500 |
| | | |
| Awards: | | |
| | Small Business Administration NBDC (U.S. Small Business Administration) | \$25,720 |
| | Theatre Program Artist-In-Residence (Darold A. Newblom Foundation) | \$1,000 |
| | TRIO - Student Support Services (U.S. Department of Education) | \$285,864 |
| | Upward Bound (U.S. Department of Education) | \$297,597 |
| | American Rescue Plan Act Child Care Stabilization Program (Dept. of Health & Human Services) | \$2,000 |
| Total | | \$612,181 |
| | | |
| Wayne State College | | |
| Award: | Nebraska Business Development Center (U.S. Small Business Administration) | \$73,000 |
| Total | | \$73,000 |

ATTACHMENTS:

- CSC Grant Appl BHECN NeBHEP additional funding (PDF)
- CSC Grant Appl Ne Panhandle Para-to-Teacher Partnership (PDF)
- CSC Grant Award NBDC 2022 (PDF)
- CSC Grant Award Theater Guest Artist-In-Residence (PDF)
- CSC Grant Award TRIO 2022-2023 (PDF)
- CSC Grant Award Upward Bound (PDF)
- CSC Grant Award (ARPA) Child Care Stabilization (PDF)
- WSC Grant Accept NBDC 2022 (PDF)

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

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|--|-----------------|--|
| College: Chadron State College | | Date: Sept 8, 2022 |
| Notice of Intent | Application: X | Accept Award: |
| 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: \$1500 | Amount Awarded: | Funding Period: 08/2022 – 06/2023 Please indicate specific dates for the grant. |
| Closing Date for Application Submission: request for additional funding - no closing date | | |
| 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: 0 |
| Briefly describe the purpose(s) of this application/award: This funding will be available for students to apply to attend a mental health conference. The funding may include registration, transportation, lodging and/or meals and will be available on a first come, first served basis. | | |
| 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. This funding allows for a student to attend a mental health conference | | |
| 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: September 8, 2022 |
| Notice of Intent | Application: X | Accept Award: |
| Name of Program: Nebraska Panhandle Para-to-Teacher Partnership Academy | | |
| Funding Source: Nebraska Department of Education Also indicate if the source is federal, state or private State | | |
| 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: \$100,000 | Amount Awarded: | Funding Period: July 1, 2022 – June 30, 2024 Please indicate specific dates for the grant. |
| Closing Date for Application Submission: June 13, 2022 | | |
| 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: 1 |
| How many of these are new positions? | | New FTE: 1 |
| Briefly describe the purpose(s) of this application/award: This funding will address Nebraska's teaching shortage areas and provide education endorsement pathways in Middle and Secondary 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: 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: Don King | | |
| 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

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|--|--------------------------------|---|
| College: Chadron State College | | Date: September 8, 2022 |
| 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: \$25,720.00 | Funding Period: 1/1/22 to 12/31/22 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? 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 ? | | 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.): \$18,400 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.): \$10,589 office space, indirect costs | | |
| 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. There is an increase of \$1,720 this 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

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|--|----------------------------|--|
| College: Chadron State College | | Date: September 8, 2022 |
| Notice of Intent | Application: | Accept Award: X |
| 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: | Amount Awarded: 1000.00 | Funding Period: 8/2022 – 5/2023 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: June 16, 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 |
| 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

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|--|--|---|
| College: Chadron State College | | Date: September 8, 2022 |
| 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 three of five-year grant) | Funding Period: 9/1/2022 – 8/31/2023 Please indicate specific dates for the grant. |
| Closing Date for Application Submission: Continuation of a five-year grant (09/01/2020 – 08/31/2025) | | |
| When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes | | Date Approved/Reviewed: November 20, 2020 |
| 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: 3.26 |
| 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. To serve 160 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 and funding remain the same as year one with this being year three of the five-year grant. Total accumulation of \$857,592 | | |
| 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

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|--|--|---|
| College: Chadron State College | | Date: September 8, 2022 |
| Notice of Intent | Application: X | Accept Award: X |
| Name of Program: 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 One of Five-Year cycle - 09/01/2022-08/31/2027) | Funding Period: 9/1/2022 - 8/31/2023 Please indicate specific dates for the grant. |
| Closing Date for Application Submission: 01/31/2022 | | |
| 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: 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: 3 | |
| How many of these are new positions? | New FTE: 0 | |
| Briefly describe the purpose(s) of this application/award: These funds will be used to help prepare low-income and first generations students from three (3) target high schools for postsecondary education success and retention. This is the first year of a five-year performance period (09/01/2022-08/31/2027). First year period 09/01/2022-08/31/2023 to serve 63 students. This grant has had numerous five-year performance periods with CSC. It is up for renewal every five years as a competitive grant. | | |
| 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: 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

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|---|---|--|
| College: Chadron State College | | Date: September 8, 2022 |
| Notice of Intent | Application: | Accept Award: X |
| 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: | Amount Awarded: \$2,000 additional funding | Funding Period: 03/13/2020-09/30/2022. 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: January 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? 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. Awarded an additional \$2000. | | |
| 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 ITEM: 5.12
MEETING DATE: September 8, 2022

| | | |
|--|--------------------------|--|
| College: Wayne State College | | Date: September 8, 2022 |
| 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: 01/01/22-12/31/22 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: November 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.): 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 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 | | |