

**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 2022.

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

College	Grant Title	Amount
<b>Chadron State College</b>		
Awards:	American Rescue Plan Act Child Care Stabilization Program (Department of Health & Human Services)	\$20,518
	Behavioral Health Education Center of Nebraska (BHECN) Panhandle Trust (Behavioral Health Education Center of Nebraska (BHECN)	\$73,640
	Nebraska Behavioral Health Education Partnership (NeBHEP) (University of Nebraska Medical Center) (additional funding)	\$1,500
<b>Total</b>		<b>\$95,658</b>

**ATTACHMENTS:**

- CSC Grant Award (ARPA) Child Care Stabilization (PDF)
- CSC Grant Award BHECN Panhandle 2022-2023 (PDF)
- CSC Grant Award BHECN NeBHEP (PDF)

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

College: Chadron State College		Date: January 12, 2023
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 <b>Sub-Award</b> ?	Yes:	No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested:	Amount Awarded: \$20,518	Funding Period: Please indicate specific dates for the grant. 10/01/2022 – 03/31/2023
Closing Date for Application Submission:		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: November 10, 2022
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: This funding will be used for salary, wages, benefits, 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 Col		Date: January 12, 2023
Notice of Intent	Application:	Accept Award: X
Name of Program: Behavioral Health Education Center of Nebraska (BHECN) Panhandle Trust		
Funding Source: Behavioral Health Education Center of Nebraska (BHECN) 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:	Amount Awarded: 73, 640.00	Funding Period: Please indicate specific dates for the grant. 7/1/2022 to 06/30/2023
Closing Date for Application Submission:		
When reporting Grant Award-- 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: 0.20 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 and support the BHECN Spring Conference		
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 by \$42,920.18 to help support spring conference and a series of webinars.		
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, 2023
Notice of Intent	Application:	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 <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:	Amount Awarded: \$1500 additional funding	Funding Period: Please indicate specific dates for the grant. 07/01/2022 - 06/30/2022
Closing Date for Application Submission: request for additional funding		
When reporting Grant Award-- 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: 0
<b>Briefly describe the purpose(s) of this application/award:</b> 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:
<b>If a continuation grant, describe the previous grant in terms of amount, funding period, and any differences in program:</b> The mission of the grant is the same as previous years. This additional 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		