

BOARD OF TRUSTEES OF THE NEBRASKA STATE COLLEGES

CHANCELLOR INFORMATIONAL ITEMS

INFORMATION ONLY: Grant Applications and Awards for Information

Board Policy 6704 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 that have been reviewed and approved by the Chancellor and have no maintenance of effort along with the awards received as of June 2023.

Grant Applications and Awards Reported as of June 2023

College	Grant Title	Amount
Chadron State College		
Application	Surveys for Melanoplus Borealis in Nebraska (Nebraska Game and Parks Commission)	\$1,419
Total		\$1,419
Chadron State College		
Awards	BHECN ARPA Campus Wellness Initiative (University of Nebraska Medical Center)	\$100,000
	BHECN ARPA Clinical Mental Health Counseling Internship Program (University of Nebraska Medical Center)	\$490,500
Total		\$590,500
Wayne State College		
Applications	Arts Project Grant (Nebraska Arts Council)	\$7,500
Total		\$7,500
Nebraska State College System		
Award	Behavioral Workforce Projects for Students and Behavioral Health Professionals (University of Nebraska Medical Center)	\$47,250
Total		\$47,250

ATTACHMENTS:

- CSC Grant Application Surveys for Melanoplus Borealis in Ne (PDF)
- CSC Grant Award BHECN ARPA Campus Wellness Program (PDF)
- CSC Grant Award BHECN ARPA Clinical MH Counseling Internship Prgm (PDF)
- WSC Grant Application Nebraska Arts Council (PDF)
- NSCS Grant Applications and Awards-Behavioral Workforce Projects (PDF)

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

College: Chadron State College		Date: June 15, 2023
Notice of Intent	Application: X	Accept Award:
Name of Program: Surveys for Melanoplus Borealis in Nebraska		
Funding Source: Nebraska Game and Parks Commission 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:		
Amount Requested: \$1419.00	Amount Awarded:	Funding Period: Please indicate specific dates for the grant. 07/01/2022 – 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 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: X
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: Surveys to determine the distribution of a rare wetland-associated grasshopper species in Nebraska.		
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: Mathew Brust		
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 15, 2023
Notice of Intent	Application:	Accept Award: X
Name of Program: BHECN ARPA Campus Wellness Initiative		
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: Behavioral Health Education Center of Nebraska		
Amount Requested:	Amount Awarded: \$100,000.00	Funding Period: Please indicate specific dates for the grant. 01/01/2023 – 12/31/2025
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 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: These funds will used to support a campus wellness program, including start-up costs, part-time student employee, professional speakers, conferences, events and promotional material. This program will also help support the well-being of our licensed counselors to help prevent potential burnout.		
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. Brittany Helmbrecht		
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 15, 2023
Notice of Intent	Application:	Accept Award: X
Name of Program: BHECN ARPA Clinical Mental Health Counseling Internship Program		
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: Behavioral Health Education Center of Nebraska		
Amount Requested:	Amount Awarded: \$490,500.00	Funding Period: Please indicate specific dates for the grant. 01/01/2023 – 12/31/2025
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 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 would provide stipends to 45 CSC clinical mental health counseling students over a three-year period. Student are required to complete 600 clinical hours during their internships.		
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: 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: 6/15/23
Notice of Intent	Application: X	Accept Award:
Name of Program: Arts Project Grant		
Funding Source: Nebraska Arts Council Also indicate if the source is federal, state or private: State and Federal		
Is this grant a Sub-Award ?	Yes:	No: X
If a sub-award, indicate the agency the sub-award is through:		
Amount Requested: \$7,500	Amount Awarded:	Funding Period: 7/1/23 – 6/30/24
Closing Date for Application Submission: March 15, 2023		
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: 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.): \$7,500 for artist fees		
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: 0	
How many of these are new positions?	New FTE: 0	
Briefly describe the purpose(s) of this application/award: Arts Project Grants support arts programming, productions or events open to the general public. This grant will help fund the Canadian Brass performance in September to celebrate the Grand Opening of the Ramsey Theatre after being dark since March of 2020.		
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: David Bohnert, Dean – School of Arts and Humanities		
Administrator responsible for approving the application: Steven Elliott, Vice President Academic Affairs		

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College: Nebraska State College System		Date: June 15, 2023
Notice of Intent	Application:	Accept Award: X
Name of Program: BHECN ARPA Behavioral Health Workforce Projects for Students and Behavioral Health Professionals		
Funding Source: U.S. Department of the Treasury 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: \$47,250	Funding Period: 1/1/23-12/31/25 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: 11/10/22
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: X
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: Contracting with JED Foundation for 18-month fundamentals program and incorporate Healthy Minds survey into program		
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: Angela Melton		
Administrator responsible for approving the application: Paul Turman		