

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 August 2023.

Grant Applications and Awards Reported as of August 2023

College	Grant Title	Amount
Chadron State College		
Applications	Behavioral Health Education Center of Nebraska (BHECN) Panhandle Trust (Behavioral Health Education Center of Nebraska (BHECN)	\$69,967.64
	Nebraska Behavioral Health Education Partnership (NeBHEP) Student Interest Group (University of Nebraska Medical Center)	\$6,500
	Small Business Administration NBDC 2024 (U.S. Small Business Administration)	\$31,320
Total		\$107,787.64
Wayne State College		
Applications:	Nebraska Business Development Center (U.S. Small Business Administration)	\$73,000
	BHECN Northeast at Wayne State (University of Nebraska Medical Center) additional funding request	\$99,997.02
Total		\$172,997.02
Chadron State College		
Awards	Small Business Administration NBDC 2023 (U.S. Small Business Administration)	\$31,320
	Nebraska Research Network in Functional Genomics (Dept. of Health and Human Services National Institutes of Health)	\$28,199
	TRIO - Student Support Services (U.S. Department of Education)	\$297,299
	Upward Bound (U.S. Department of Education)	\$309,501

Total		\$666,319
Wayne State College		
Awards:	Wayne State Interventions: A Path to Sustained Enrollment, Retention, and Graduation Rates "WaySIn" (U.S. Department of Education Title III Strengthening Institutions Program)	\$434,369
	BHECN Northeast at Wayne State (University of Nebraska Medical Center)	\$100,000
	Nebraska Behavioral Health Education Partnership (NeBHEP) (University of Nebraska Medical Center) additional funding	\$6,500
	Addressing Rural Behavioral Health Needs Through Clinical Placements and Supervisions Project (Health Resources and Services Administration [HRSA])	\$298,754
	Arts Project Grant (National Endowment for the Arts)	\$4,945
	TRIO Student Support Services (U.S. Department of Education)	\$381,395
Total		\$1,225,963

ATTACHMENTS:

- CSC Grant Application BHECN Panhandle 2023-2024 (PDF)
- CSC Grant Application UNMC BHECN NeBHEP (PDF)
- CSC Grant Application NBDC 2024(PDF)
- CSC Grant Award NBDC 2023 (PDF)
- CSC Grant Award NE Research Network Genomics (PDF)
- CSC Grant Award TRIO 2023-2024 (PDF)
- CSC Grant Award Upward Bound (PDF)
- WSC Grant Apply NBDC 2024 (PDF)
- WSC Grant Apply BHECN Northeast at Wayne State (PDF)
- WSC Grant Accept DOE Title III Strengthening Institutions Program Grant (PDF)
- WSC Grant Accept BHECN Northeast at Wayne State (PDF)
- WSC Grant Accept NeBHEP Additional Funds (PDF)
- WSC Grant Accept HRSA Addressing Rural Behavioral Health (PDF)
- WSC Grant Accept Nebraska Arts Council (PDF)
- WSC Grant Accept TRIO SSS (PDF)

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

College: Chadron State Col		Date: September 14, 2023
Notice of Intent	Application: X	Accept Award:
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 Sub-Award ?	Yes: X	No:
If a sub-award, indicate the agency the sub-award is through: University of Nebraska Medical Center		
Amount Requested: 69,967.64	Amount Awarded:	Funding Period: Please indicate specific dates for the grant. 7/1/2023 - 06/30/2024
Closing Date for Application Submission: July 1, 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:	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 and support the BHECN Spring Conference. Program requirements remain the same.		
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: September 14, 2023
Notice of Intent	Application: X	Accept Award:
Name of Program: Nebraska Behavioral Health Education Partnership (NeBHEP) – Student Int Group		
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: \$6500	Amount Awarded:	Funding Period: Please indicate specific dates for the grant. 07/01/2023 – 06/30/2024
Closing Date for Application Submission: August 2023		
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) Student Interest Group program through state meetings, strategic planning meetings and annual summit in Omaha. No changes in program requirements or funding.		
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: No changes in program requirements or funding.		
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 14, 2023
Notice of Intent:	Application: X	Accept Award:
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: \$31,320.00	Amount Awarded:	Funding Period: Please indicate specific dates for the grant. 01/01/2024 - 12/31/2024
Closing Date for Application Submission: August 11, 2023		
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.): \$19,050 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.): \$7520 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.		
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. Chris McCarthy 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

College: Chadron State College		Date: September 14, 2023
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: \$31,320.00	Funding Period: Please indicate specific dates for the grant. 01/01/2023 - 12/31/2023
Closing Date for Application Submission: December 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: 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.): \$18,770 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.): \$12,022 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 \$2,100 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. Chris McCarthy 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

College: Chadron State College		Date: September 14, 2023
Notice of Intent	Application:	Accept Award: X
Name of Program: Nebraska Research Network in Functional Genomics		
Funding Source: Dept of Health and Human Services National Institutes of Health Also indicate if the source is federal, state or private: Federal		
Is this grant a Sub-Award ? Amendment to 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: \$28,199	Funding Period: Please indicate specific dates for the grant. 05/01/2023 – 04/30/2024
Closing Date for Application Submission: NA		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: September 2014
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: 10%		
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: Grant requirements remain the same with an increase in funding of \$4400. Year 4 of a 4-year period with a new subaward number.		
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		

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

College: Chadron State College		Date: September 13, 2023
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: \$297,299.00 (Year four of five-year grant)	Funding Period: Please indicate specific dates for the grant. 9/1/2023 – 8/31/2024
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. No changes in operation.		
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 remains the same as year one with this being year four of the five-year grant. There was a slight increase in the budget for this period. Total accumulation of \$1,154,891.00		
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 Schauer		
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 14, 2023
Notice of Intent	Application:	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: \$309,501.00 (Year Two of Five-Year cycle - 09/01/2022-08/31/2027)	Funding Period: Please indicate specific dates for the grant. 9/1/2023 -8/31/2024
Closing Date for Application Submission:		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: Sept 2022
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 second year of a five-year performance period (09/01/2022-08/31/2027). Program requirement remain the same serving 63 students. This grant has had numerous five-year performance periods with CSC with a 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 **ITEM: 5.14**
MEETING DATE: September 14, 2023

College: Wayne State College		Date: September 14, 2023
Notice of Intent	Application: X	Accept Award:
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:	Funding Period: 01/01/24-12/31/24 Please indicate specific dates for the grant.
Closing Date for Application Submission: August 29, 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.): Matching funds of \$20,409 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 (26.5% or \$22,418).		
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: 1.0
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: Steven Elliott, Vice President Academic Affairs		

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

AGENDA ITEM: 5.14

MEETING DATE: September 14, 2023

College: Wayne State College		Date: September 14, 2023
Notice of Intent	Application: X	Accept Award:
Name of Program: BHECN Northeast at Wayne State		
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:	No: X - Contract
If a sub-award, indicate the agency the sub-award is through: Behavioral Health Education Center of Nebraska		
Amount Requested: \$99,997.02 Additional funding	Amount Awarded:	Funding Period: 7/1/2023 – 6/30/2024
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 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: 0.20	
How many of these are new positions?	New FTE: 0	
Briefly describe the purpose(s) of this application/award: Funds will support the BHECN Northeast at Wayne State site that aims to serve our communities by supporting the licensed and unlicensed behavioral health professionals in northeast Nebraska. Scope of work includes services, experiences, activities, and/or tangible goods that contribute to the mission and objectives of BHECN. BHECN's focus is to address the state's critical shortage of behavioral health workers.		
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: Original agreement was signed in June 2023, additional funds are requested for FY 23-24. No change in program, continued support of BHECN Northeast site.		
Has this grant application been previously denied?	Yes:	No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Ciera Afrank, Director of Counseling Services		
Administrator responsible for approving the application: Steven Elliott, Vice President Academic Affairs		

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

College: Wayne State College		Date: September 14, 2023
Notice of Intent	Application:	Accept Award: X
Name of Program: Wayne State Interventions: A Path to Sustained Enrollment, Retention, and Graduation Rates "WaySIn"		
Funding Source: U.S. Department of Education Title III Strengthening Institutions 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: \$434,369 for Year 3 (2023-2024) \$2,124,188 over the 5-year period	Amount Awarded: \$434,369 for Year 3 (2023-2024) \$2,124,188 over the 5-year period	Funding Period: 10/01/23-09/30/24 Please indicate specific dates for the grant.
Closing Date for Application Submission: July 13, 2021		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: September 9, 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:	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: X	No:
How many FTE positions will the grant fund?	FTE: 5.99	
How many of these are new positions?	New FTE: 0	
Briefly describe the purpose(s) of this application/award: The focus of this project is to achieve these goals - 1) to close the achievement gaps in first-year retention and completion rates for low-income, first generation, and students of color and 2) improve institutional structures and campus culture to be more responsive to demographic shifts and workforce development needs of the region by improving instruction, campus climate and increasing engagement in student support services. Funding is for faculty/staff/student salaries and benefits, supplies, instructional technology, speakers, external evaluator, travel expenses and portion of Brandenburg renovation costs for student learning spaces (partially modified to support student and faculty learning lab due to Brandenburg project not approved within the current/upcoming biennium cycle).		
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 this is technically a new award for the third year of five years of funding beginning October 1, 2021, it will continue to support the objectives listed above.		
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. Anne McCarthy, Associate VP Academic Affairs		
Administrator responsible for approving the application: Steven Elliott, Vice President Academic Affairs		

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

AGENDA ITEM: 5.14

MEETING DATE: September 14, 2023

College: Wayne State College		Date: September 14, 2023
Notice of Intent	Application: X	Accept Award: X
Name of Program: BHECN Northeast at Wayne State		
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:	No: X - Contract
If a sub-award, indicate the agency the sub-award is through: Contractual Agreement with UNMC - Behavioral Health Education Center of Nebraska		
Amount Requested: \$100,000	Amount Awarded: \$100,000	Funding Period: 5/25/2023 – 6/30/2023
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:		
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: 0.20	
How many of these are new positions?	New FTE: 0.20	
Briefly describe the purpose(s) of this application/award: Funds will support the BHECN Northeast at Wayne State site that aims to serve our communities by supporting the licensed and unlicensed behavioral health professionals in northeast Nebraska. Scope of work includes services, experiences, activities, and/or tangible goods that contribute to the mission and objectives of BHECN. BHECN's focus is to address the state's critical shortage of behavioral health workers.		
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: Ciera Afrank, Director of Counseling Services		
Administrator responsible for approving the application: Steven Elliott, Vice President Academic Affairs		

College: Wayne State College		Date: September 14, 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 Sub-Award ?	Yes:	No: X - contract
If a sub-award, indicate the agency the sub-award is through: Contract with UNMC - Behavioral Health Education Center of Nebraska		
Amount Requested:	Amount Awarded: \$6,500 additional funding	Funding Period: 7/1/23 – 6/30/24
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 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: N/A
How many FTE positions will the grant fund?	FTE: N/A	
How many of these are new positions?	New FTE: N/A	
Briefly describe the purpose(s) of this application/award: Funds will support faculty/staff to participate in the Nebraska Behavioral Health Education Partnership (NeBHEP) Mentorship program.		
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: Current contract was executed in 2019, additional funds added each year to support project. Total new agreement value is \$32,500.		
Has this grant application been previously denied?	Yes:	No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Ciera Afrank, Director of Counseling Services		
Administrator responsible for approving the application: Steven Elliott, Vice President Academic Affairs		

AGENDA ITEM: 5.14
MEETING DATE: September 14, 2023

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

College: Wayne State College		Date: September 14, 2023
Notice of Intent	Application:	Accept Award: X
Name of Program: Addressing Rural Behavioral Health Needs Through Clinical Placements and Supervision Project		
Funding Source: Health Resources and Services Administration (HRSA) 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: \$298,754 for Year 3 (2023-2024) \$1,067,689 over a 4-year period	Amount Awarded: \$298,754 for Year 3 (2023-2024)	Funding Period: 07/01/2023-06/30/2024
Closing Date for Application Submission: January 21, 2021		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: 03/16/21
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% of Modified Total Direct Costs (MTDC) exclusive of tuition and fees.		
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: X	No:
How many FTE positions will the grant fund?	FTE: 0.53	
How many of these are new positions?	New FTE: 0	
Briefly describe the purpose(s) of this application/award: This award funds a project designed to increase access to quality behavioral health services for rural and other high-need and high-demand populations in northeast Nebraska. The project will increase the number of WSC's graduating clinical mental health counselors who will go on to practice in Nebraska. It will also increase the number of CACREP qualified mental health supervisors in the area and it will allow WSC to add new experiential training sites which will provide a greater number and variety of interprofessional and experiential training opportunities for clinical mental health graduate-level interns. The third year award includes funding for 0.53 FTE summer faculty salaries and benefits. Funds are also provided for tuition and fee costs for a one-credit hour CACREP supervision course to be taken by the students and clinical supervisors, stipends for the student interns, travel for faculty and supervisors, and consultant/supervision 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: While this is technically a new award for the third of four years of funding beginning July 2, 2021, it will continue to support the objectives listed above.		
Has this grant application been previously denied?	Yes:	No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: Nicholas Shudak, Dean, School of Education & Behavioral Science		
Administrator responsible for approving the application: Steven Elliott, Vice President Academic Affairs		

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

College: Wayne State College		Date: September 14, 2023
Notice of Intent	Application:	Accept Award: X
Name of Program: Arts Project Grant		
Funding Source: National Endowment for the Arts 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: Nebraska Arts Council		
Amount Requested: \$7,500	Amount Awarded: \$4,945	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? Yes		Date Approved/Reviewed: 6/15/23
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.): \$4,945 - matching funds must equal the grant award, matching funds will be used for artistic 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		

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

College: Wayne State College		Date: September 14, 2023
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: \$354,325 for Year 1 (2020-2021)	Amount Awarded: \$381,395 for Year 4 (2023-2024)	Funding Period: Year 4 09/01/23-08/31/24 Please indicate specific dates for the grant.
Closing Date for Application Submission: January 27, 2020		
When reporting Grant Award-- Has Grant Application been approved/reviewed by the Board? Yes		Date Approved/Reviewed: 4/23/2020
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% of modified total direct costs		
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.): State matching funds of \$6,600 for TRiO course instruction.		
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.): Wayne State College will provide facilities, support through many other offices on campus, and a small amount of operating support.		
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: X	No:
How many FTE positions will the grant fund?	FTE: 5.22	
How many of these are new positions?	New FTE: 0	
Briefly describe the purpose(s) of this application/award: This award provides funding to continue the TRiO Student Support Services Office at Wayne State College. It is for a five year period from 09/01/2020 to 08/31/2025. The award amount of \$381,395.00 for the fourth year includes funding for salaries and benefits, travel, supplies and communication expenses. The program serves 225 underprepared students who are low income, first generation and/or students with disabilities. The goal of the TRiO Student Support Services program is to reduce the number of disadvantaged students dropping out of college because of academic problems and/or related difficulties.		
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 this is technically a new award for the fourth year of five years of funding beginning September 1, 2020 through August 31, 2025, it will continue a very successful TRiO Student Support Services program, which has been funded since 1990-91.		
Has this grant application been previously denied?	Yes:	No: X
If yes, please state the reason:		
Person responsible for the preparation of the application: C.D. Douglas, Interim Director of TRiO Student Support Services		
Administrator responsible for approving the application: C.D. Douglas, Vice President for Student Affairs		