

LB306 Foreign Adversarial Source Reportable Funding Report, Neb. Rev. Stat. § 85-906

| Institution Name                                                                                               | Date Reportable<br>Funding Received | Amount of<br>Reportable<br>Funding | Description of Type | Description of Purpose | Describe if "Other" Selected in<br>Description of Purpose | Part of Ongoing<br>Relationship? | Name of Foreign Adversarial Source | Country or Country of<br>Citizenship or<br>Principal Residence or<br>Domicile | Unique ID Number for Contract | Document<br>Attachment<br>Link |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------|---------------------|------------------------|-----------------------------------------------------------|----------------------------------|------------------------------------|-------------------------------------------------------------------------------|-------------------------------|--------------------------------|
| Bryan College of Health Sciences                                                                               | None                                |                                    |                     |                        |                                                           |                                  |                                    |                                                                               |                               |                                |
| Jason Cottam<br><a href="mailto:jason.cottam@bryanhealth.org">jason.cottam@bryanhealth.org</a><br>402-481-3967 |                                     |                                    |                     |                        |                                                           |                                  |                                    |                                                                               |                               |                                |

Name and contact information of person submitting: