

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

Institution Name	Date Reportable Funding Received	Amount of Reportable Funding	Description of Type	Description of Purpose	Describe if "Other" Selected in Description of Purpose	Part of Ongoing Relationship?	Name of Foreign Adversarial Source	Country or Country of Citizenship or Principal Residence or Domicile	Unique ID Number for Contract	Document Attachment Link
CHI Health School of Radiologic Technology	None	\$ -								

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Name and contact information of person submitting: