

*Please fill out this application completely and return to the HECB postmarked no later than August 28, 2009.
Applications received after the deadline will not be considered.*

*Higher Education Coordinating Board
Attn: Jenny Crane
PO Box 43430
Olympia, WA 98504*

A: CONTACT INFORMATION

NAME

INSTITUTION

TITLE

TEL. #

EMAIL

B: PROGRAM DESCRIPTION

Briefly describe how grant funds would be used to address the following desired outcomes.

- Increase access to child care for students
- Provide affordable child care alternatives
- Create a partnership between university administration, foundations and student government associations

C. FEE ALLOCATION INFORMATION: 2009-10

Total amount of S&A fees budgeted for the 2009-10 academic year. \$

Amount of S&A fees dedicated specifically for Child Care services in 09-10. \$

D: SIGNATURES

Signature–Applicant

Signature–Institutional Representative attesting
to monetary information in Part C

Name (printed)

Name (printed)

Date

Date

HECB USE ONLY

Date Received _____

% of S&A fees for calculation _____

Award Amount 2009-10 _____

Interagency Agreement # _____