

*Please fill out this application completely and return it to the HECB postmarked no later than September 19, 2011. Applications received after the deadline will not be considered.*

Higher Education Coordinating Board  
Attn: Ann Voyles  
PO Box 43430  
Olympia, WA 98504-3430

**A: CONTACT INFORMATION**

**NAME**

**INSTITUTION**

**TITLE**

**EMAIL**

**TELEPHONE #**

**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: 2011-12**

Total amount of S&A fees budgeted for the 2011-12 academic year: \$

Amount of S&A fees dedicated specifically for Child Care services in 2011-13: \$

**D. SIGNATURES**

\_\_\_\_\_  
Signature-Applicant

\_\_\_\_\_  
Signature – Institutional Representative  
attesting to monetary information in Part C

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

<b><u>HECB USE ONLY</u></b>	
Date Received	_____
% of S&A fees for calculation	_____
Award Amount 2011-12	_____
Interagency Agreement #	_____