

# 2012-2013 SAF Annual Application

Public User

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### Program/Service Title

Child Care Assistance Program

### Campus Department

Financial Aid Office

### Contact Person

Danette Iyall

### Email

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### Phone

425-352-5326

### Executive Summary of Your Proposal

*Please provide a concise overview of the program, activity, or service for which you seek funding.*

This proposal is a request to continue support for our Child Care Assistance Program (CCAP). Student-parents are faced with many obstacles while working towards their degree. One major obstacle is the ability to find reliable childcare and then find the necessary resources to pay for childcare. The Services and Activities Fee has helped assist high-need student-parents with the cost of childcare.

### Need for this Program/Service

*In 150 words or less, please describe the need for this program or service. Please include any data that might support your proposal (e.g., the number of students who have participated in your service or program in the past). If your program is currently funded by SAF, please indicate how you have used the money to help your organization meet its goal(s).*

Without some form of childcare assistance, many student-parents are unable to give their undivided attention to their education. While financial aid is used to meet cost of attendance (tuition/fees, room/board, books/supplies, personal/transportation) childcare costs are typically additional expenses that are met with additional student loans. The CCAP fund helps offset the cost of childcare and allows the student to focus on their studies.

Last year, 2010-2011, the CCAP funds helped 10

students with childcare costs. This year, 2011-2012, the program assisted 17 students with the increased funding that was provided, a 58% increase from the previous year.

### How do you plan to assess the program or service?

*How do you plan to track the effects of this program or service?*

*For example, how would track how the event/program/service went? How would you track how successful it was and what you could change in the future?*

At the end of each quarter, the student must provide receipts to verify the costs of their childcare. By continually assessing awards to make sure they were distributed and used appropriately throughout the academic year, we ensure the integrity, accurateness, and effectiveness of the program. Awards for subsequent quarters are not released until verification is approved.

### Estimate number of students that will benefit from your proposed program/service

*In 150 words or less, estimate how many currently enrolled students will likely benefit from your proposed service or program. Please estimate the number of other individuals (and indicate their affiliation) that might benefit from this service or program. Finally, please indicate other sources of financial support.*

This year we received 20 applications for the Childcare Assistance Program, which is down from last year's number of applications. However, we were able to fund 17 of those students. As whole, the campus community will benefit from the involvement of our student-parents. Their perspectives and life experiences can be invaluable contributions to our classrooms, departments, and overall campus settings.

### Benefits to Participants

*In 150 words or less, please describe the benefits that participants are likely to gain by attending or participating in this program or service.*

For some students, childcare can be the difference in a student's decision to attend or not attend college. The ability to pay for childcare costs are worrisome for most students, thus, the CCAP fund provides the student with some ability to offset the

cost of childcare. The struggling economy has most students reluctant to borrow even student loans. So 40% in childcare assistance may make a difference in a student's ability to continue and complete their education in a timely manner.

*bottom of this box.*

N/A

### **Additional Information**

*Please include any other information you feel is relevant to your request. (There is no character limit on this field.)*

The allocated funds are redistributed 100% to our students. The costs of staffing, printing, emailing, advertising are absorbed fully by the Financial Aid Office/Enrollment Services.

### **Telecommunications**

*Describe the funds you are requesting in detail below.*

*Telephone equipment should be estimated at \$35 per handset, per month (this includes only one extension).*

*Please put total dollar amount of telecommunications in the bottom of this box.*

N/A

### **Salary/Wages**

*Describe the funds you are requesting in detail below.*

*Please put total dollar amount of salary/wages in the bottom of this box.*

N/A

### **Security**

*Describe the funds you are requesting in detail below.*

*If you would like an estimate, please contact UWB Security.  
425-352-5359*

*Please put total dollar amount of security in the bottom of this box.*

N/A

### **Benefits**

*Describe the funds you are requesting in detail below.*

*Benefits paid to regular employees working at least .50 FTE should be calculated at 33.4% of earnings.*

*Benefits paid to hourly employees should be calculated at 14.9% of earnings. Benefits are required if you are requesting salary/wages above.*

*Please put total dollar amount of benefits in the bottom of this box.*

N/A

### **Printing & Photocopying**

*Describe the funds you are requesting in detail below.*

*Please put total dollar amount of printing/photocopying in the bottom of this box.*

N/A

### **Honoraria**

*Describe the funds you are requesting in detail below.*

*i.e. Payment to speakers*

*Please put total dollar amount of honoraria in the bottom of this box.*

N/A

### **Transportation**

*Describe the funds you are requesting in detail below.*

*Please put total dollar amount of transportation in the bottom of this box.*

N/A

### **Facilities Rentals/Set-Ups**

*Describe the funds you are requesting in detail below.*

*If you require facilities rentals/set-ups, please indicate it here. Take into account custodial fees and clean up.*

*Please put total dollar amount of facilities in the*

### **Meals and Lodging for Travel**

*Describe the funds you are requesting in detail below.*

*Please put total dollar amount of meals and lodging in the bottom of this box.*

N/A

### **Office Supplies**

*Describe the funds you are requesting in detail below.*

*Please put total dollar amount of office supplies in the*

*bottom of this box.*

N/A

### **Food/Refreshments**

*Describe the funds you are requesting in detail below.*

*Please put total dollar amount of food/refreshments in the bottom of this box.*

*Review the food policy/food form for the University policies before asking for food. The Food Policy is below the food form in the link.*

*<http://www.uwb.edu/getattachment/admin/services/fuac/foodapprovalform.pdf>*

N/A

### **Equipment Rentals/Purchase**

*Describe the funds you are requesting in detail below.*

*Please put total dollar amount of equipment rentals/purchase in the bottom of this box.*

N/A

### **Other**

*Please include any other expenses that don't fall under any of the above categories in detail.*

*Please put total dollar amount of other in the bottom of this box.*

N/A

### **Total Amount Requested**

*Please take the time to carefully add all of your figures from above. Please note that adjustments will not be made to the total amount requested in the event of an error. Round your final total up to the nearest dollar.*

\$35,000