

Application for Federal Education Assistance



U.S. Department of Education
Form Approved
OMB No. 1890-0017
Exp. 06/30/2008

Applicant Information

1. Name and Address

Legal Name: Lewis-Clark State College
Address: 500 8th Avenue

Lewiston
City

ID
State

2. Applicant's D-U-N-S Number 076630623

3. Applicant's T-I-N 826000935

4. Catalog of Federal Domestic Assistance #: 84 335A

Title: Child Care Access Means Parents In School Program

5. Project Director: Sarah A Wimer

Address: 500 8th Avenue

Lewiston
City

ID 83501 -
State ZIP Code + 4

Tel. #: (208) 792-2254 Fax #: (208) 792-2588

E-Mail Address: SWIMER@LCSC.EDU

Organizational Unit

KinderCollege

Nez Perce
County

83501 -
ZIP Code + 4

6. Novice Applicant No

7. Is the applicant delinquent on any Federal debt? No
(if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) G

- A State
- B Local
- C Special District
- D Indian Tribe
- E Individual
- F Independent School District
- G Public College or University
- H Non-Profit College or University
- I Non-Profit Organization
- J Private, Profit-Making Organization
- K Other (Specify):

9. State Application Identifier:

Application Information

10. Type of Submission:

--PreApplication

Non-Construction

11. Is application subject to review by Executive Order 12372 process?

No - Program is not covered by E.O. 12372

12. Proposed Project Dates:

Start Date:	End Date:
<u>10/01/2005</u>	<u>09/30/2009</u>

13. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 14.)

13a. Are **all** the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

No (Provide Assurance #, if available):

14. Descriptive Title of Applicant's Project:

Assistance to improve the quality and availability of on campus childcare to low- income students

Estimated Funding

15a. Federal	\$	41,330	.00
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	41,330	.00

Authorized Representative Information

16. To the best of my knowledge and belief, all data in this preapplication/ application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

Ron E Smith

b. Title

VPof Admin Services

c. Tel. #: (208) 792-2240 Fax #: (208) 792-2077

d. E-Mail Address: RESMITH@LCSC.EDU

e. Signature of Authorized Representative