



# ECEAP Contractor Equipment Disposal Request

Email completed form to [eceap@dcyf.wa.gov](mailto:eceap@dcyf.wa.gov) for prior DCYF ECEAP approval

*Please see your ECEAP contract Exhibit A, Treatment of Assets for your ECEAP contractual requirements.*

Date:					
Contractor Name:		<input type="checkbox"/> Early ECEAP		<input type="checkbox"/> ECEAP	
Site Name, if applicable:					
Early ECEAP / ECEAP Director Approval Signature:					
Reason for disposal:					
Proposed disposal method:					
<input type="checkbox"/> To be destroyed.					
<input type="checkbox"/> To be sold. (Funds must be spent on ECEAP services).					
<input type="checkbox"/> To be returned to DCYF ECEAP.					
<input type="checkbox"/> To be transferred to another ECEAP contractor.					
If transferring equipment, name of ECEAP contractor receiving the ECEAP equipment:					
Inventory or Serial Number	Description of item(s):	Purchase date:	Original Cost:	Salvage Value:	Sale Price (if applicable)
DCYF Approval:					
Approved <input type="checkbox"/> Denied <input type="checkbox"/>					
Comments					
DCYF ECEAP Program Approver Signature:				Date:	