

ECEAP Service Purchase Request

The purpose of the form is for the ECEAP Service Contractor to obtain DCYF written approval before purchasing the following with ECEAP funds as outlined in the DCYF Client Service Contract. All answers must be filled in or the request may be denied.

Prior approval is needed for the following:

- **\$5,000+** Material or service purchases from a single vendor with a unit cost or total purchase cost of \$5,000 or greater, including ancillary costs. Ancillary costs include, but are not limited to tax, shipping, handling, and installation.
- **All gift cards need purchase request approval.** Gift cards need to support program activities that do not allow for the purchase of alcohol, tobacco, or firearms.
 - Non-Employees - Purchasing gift cards with DCYF contracted funds for Non-Employees is allowable.
 - Employees - Using DCYF contracted funds by contractors/sub-recipients to purchase gift cards for employees is not allowable.
- **Concrete goods and services as a last resort** - means the provision of resources with ECEAP Services funding in situations where ECEAP families have no other community or government-based resources to meet the immediate need(s). Using ECEAP Services funding in these circumstances is a research-supported approach that increases family strengths, enhances child development, and reduces the likelihood of child abuse and neglect as defined in the ECEAP Service Contract Exhibit A: Statement of Work. DCYF ECEAP prior approval is needed on all concrete good requests and the Contractor must be able to demonstrate no other community or government resources will meet the immediate need(s). See question 4.

Other requirements and considerations:

- **How do I know if I need to get a competitive bid?** Review the State Procurement Standards under [RCW 28A.335.190](#) and [RCW 39.26.140](#) Sole Source Contracts to learn if the purchase requires a competitive bid process.
- **What if the same vendor is doing a project in phases within the same contract year?** A purchase request is needed if the ECEAP contractor is using the same vendor doing the same service or project in the same ECEAP contract year that equals or exceeds \$5,000.00.
- **What if costs end up being higher than expected?** If costs end up being more than expected for a project or service and the purchases have already begun, the ECEAP contractor shall complete a purchase request as soon as possible. Include an explanation of why purchases began before DCYF approval on question 5 to be considered.
- **What if I want to pay for the purchases using next fiscal year's funds (after June 30th)?** Purchase approval is needed if the funds are being used from the next fiscal year. See question 2 in the purchase request.
- **What if I am buying multiple items from different vendors that individually are under \$5,000.00 but together are over \$5,000.00 do I still need a purchase request?** If a contractor is purchasing materials and/or services from multiple sources or vendors and the individual receipts will be under \$5,000.00 including ancillary costs you do not need to submit a purchase request.
- **Why do I need to track separately the different funding types (0-3 Early ECEAP, ECEAP, CNF, ECLIPSE, other DCYF ECEAP funding) within my DCYF Client Service Contract?** The different funding types have different requirements on how the funds must be spent. Identifying the amount used in question 8 cost allocation will help DCYF ECEAP review the purchase requests to make sure it is within the scope of the funding.

Submit the form to eceap@dcyf.wa.gov and cc Contractors CQI Specialist for purchase approval.

Purchase Request Information

Date of the Request:

Item(s) will be received by, or construction completed by: _____

If purchasing has not been made by this date, please resubmit an updated form to DCYF ECEAP for review and approval.

Contractor Name:

Contract Number(s) of the funds being used:

Site Name, if applicable:

Authorized Director Signature:

1. Will the purchases be made during the current fiscal year reflected on the dates of the request above?

Yes No

If no, purchases will not be received, or construction will not be completed during the current fiscal year please justify the delay.

Cost Allocation Plan

If programs other than 0-3 Early ECEAP/ECEAP will use this purchase, contractors must distribute the costs according to their cost allocation plan. ECEAP funds must only be spent for the share used solely for 0-3 Early ECEAP/ECEAP services.

6. Will the purchase only be used for 0-3 Early ECEAP, ECEAP, and/ or ECLIPSE contracted slots?
 Yes No

7. **If non-ECEAP programs will use this purchase**, identify what other funding (local grant funds, state school district funds, and/or federal funds) if any, will support the purchase. Describe how costs will be allocated to the different funding sources by either time, the number of staff or children, square footage, or other factors used to determine cost allocation. Note the percent of the allocation.

8. **The amount allotted to ECEAP.** Identifying the type of ECEAP funding layered into the contract is needed to make sure funding is properly used. The total amount allocated from the ECEAP contract in question 8 should match question 9.

ECEAP	\$
0-3 Early ECEAP	\$
ECLIPSE	\$
Complex Needs	\$
Other funding awarded by DCYF ECEAP	\$
Total Amount Allocated from ECEAP Contract	\$

Identify the name of the other DCYF ECEAP funding awarded if applicable.

9. Indicate in the table below the total dollar amount other programs will contribute using the “other contributions” column. Other contributions could include donations, local grant funds, state school district funds, and/or federal funds. Use question 8 total from above to fill in the total amount allocated

from the ECEAP funds column. Fill in the last row of the table with the percentages allocated to the DCYF Client Service Contract and the other contribution. **If available attach supporting documentation for the purchase(s).**

Items	Total	The amount allocated from DCYF ECEAP funds	Other Contributions
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
The percentage allocated to the funds. The percentage should match the amounts above.	100%	%	%
DCYF Approval			
Approved Denied			
Program Approver Signature:			Date:

Additional Space if needed.