

ECEAP Contractor Financial Disclosure Certification

Due June 15 each fiscal year

- Your ECEAP Director and Chief Financial Officer complete this form annually to certify that you followed all financial requirements in the ECEAP Contract.
- Sign, scan and email to eceap@dcyf.wa.gov.

Contractor: _____

Contract Number: _____

During the _____ school year:	Yes	No	N/A
1. We had written fiscal policies, procedures and internal controls in place for: <ul style="list-style-type: none"> ○ Cash disbursements ○ Cash receipts ○ Payroll ○ Travel ○ Purchasing ○ Purchase Cards (credit cards) ○ Petty Cash ○ Inventory, including safeguard of assets 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. We spent ECEAP funds only for costs directly related to ECEAP Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. We spent 15% or less of the total ECEAP Services funds from DCYF on administrative costs. <i>*This includes any subcontractors' administrative costs.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. We did not bill DCYF for work charged to or paid by other funding source. <i>Yes means, "We only billed DCYF."</i> <i>No means, "We billed DCYF and another source for the same work".</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. We had a cost allocation plan for proportionately distributing costs between ECEAP and other programs. <i>NA means, "We do not share staff, space, equipment or other expenses with other programs."</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If we used ECEAP funds for travel, we paid at the Washington State government travel rate or a lower rate. <i>NA means, "We did not use ECEAP funds for travel."</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will you have unspent funds received for ECEAP Services for this year or any previous year? <ul style="list-style-type: none"> • If yes, enter the approximate amount you will carry forward? _____ • If yes, what is your plan to expend these funds for ECEAP? _____ <p><i>If underspend is over 10% of total annual contract amount, please complete Carryforward Plan. (DCYF template)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If we used ECEAP funds as match for a federal program, we obtained prior approval from DCYF. <i>NA means, "We did not use ECEAP funds for federal match."</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the ____ school year:	Yes	No	N/A
<p>9. For contractors with sites in licensed child care settings: We did not bill any Washington state child care subsidy program for an ECEAP child for ECEAP classroom hours.</p> <p><i>Yes means, "We did not double-bill."</i> <i>No means "We double-billed". 0-3 ECEAP slots can bill Washington state child care subsidy program. If the Contractor double billed for an Early ECEAP slot mark no and identify here that it was for 0-3 ECEAP. _____</i> <i>NA means, "We do not have ECEAP sites in licensed child care."</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. We maintained an inventory list and supporting records for:</p> <ul style="list-style-type: none"> o All assets with a unit cost of \$5,000 or greater. o The following assets with a unit cost of \$300 or more: <ul style="list-style-type: none"> ▪ Computer systems, laptops and notebook computers ▪ Office equipment ▪ Communication and audio visual equipment, including record players, radios, TVs, VCRs, DVD players ▪ Cameras and photographic projection equipment ▪ Appliances <p><i>NA means, "We do not own any items that must be on an inventory."</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. If we purchased one or more pieces of equipment or made facility or playground improvements with unit costs (or project costs for facility/playground) or combined purchase costs of \$5,000 or greater, including ancillary costs, we obtained prior written approval from DCYF.</p> <p><i>NA means, "We did not purchase items or make facility or playground improvements with unit costs or combined purchase costs of \$5,000 or greater."</i></p> <p>List equipment purchased and ensure they are added to your inventory list:</p> <ul style="list-style-type: none"> • • <p>List facility improvements or playground improvement identified by location and total costs of project:</p> <ul style="list-style-type: none"> • • 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. If we sold or disposed of inventoried equipment that was purchased in whole or in part with ECEAP funds, we requested prior approval from DCYF.</p> <p><i>NA means, "We did not sell or dispose such items."</i></p> <p>List items from your ECEAP inventory you disposed of this year:</p> <ul style="list-style-type: none"> • • • 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>13. If we sold ECEAP inventory items, we used the income for ECEAP services only.</p> <p><i>NA means, "We did not sell such items."</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that, to the best of my knowledge, the above statements are true.

Print Name and Title of ECEAP Director

Signature

Date

Print Name and Title of Chief Financial Officer

Signature

Date