



ECEAP Contractor Financial Disclosure Certification

Due June 15, 2021

- 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: _____

During the 2020-2021 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"/>	
2. We spent ECEAP funds only for costs directly related to ECEAP.	<input type="checkbox"/>	<input type="checkbox"/>	
3. We spent 15% or less of the total ECEAP funds from DCYF on administrative costs. This includes any subcontractors' administrative costs.	<input type="checkbox"/>	<input type="checkbox"/>	
4. We did not bill DCYF for work charged to or paid by other funding source. Yes means, "We only billed DCYF." No means, "We billed DCYF and another source for the same work."	<input type="checkbox"/>	<input type="checkbox"/>	
5. We had a cost allocation plan for proportionately distributing costs between ECEAP and other programs. NA means, "We do not share staff, space, equipment or other expenses with other programs."	<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. NA means, "We did not use ECEAP funds for travel."	<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, and the carry forward amount is more than 10% of the contract budget amount, please submit a Carryover Request Form available through the ECEAP inbox eceap@dcyf.wa.gov? • If yes, and the carry forward is less than 10% of the contract budget amount, please provide your plan to expend these funds here: 	<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. NA means, "We did not use ECEAP funds for federal match."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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. Yes means, "We did not double-bill." No means "We double-billed." NA means, "We do not have ECEAP sites in licensed child care."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

