

## ECEAP Service Purchase Request

The purpose of this form is for ECEAP Services Contractors to obtain DCYF written approval before purchasing the following with ECEAP funds as outlined in the DCYF ECEAP Services contract. All answers must be filled in or the request may be returned for corrections and delayed.

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.
- **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 3.

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 equals or exceeds \$5,000.00.
- **What if costs end up being higher than expected?** If costs are 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 4 to be considered.
- **What if I want to pay for the purchases using next fiscal year's funds (after June 30<sup>th</sup>)?** 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 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 (B-3, PreK ECEAP, ECLIPSE, CNF, and other DCYF ECEAP funding) within my DCYF Client Services Contract?** Different funding types have different requirements for how funds can be spent. Identifying the amounts used in the cost allocation table (question 6) will help DCYF ECEAP review the purchase request to make sure it is within the scope of funding.

## Purchase Request Information

Contractor Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Contract Number(s) of the funds being used: \_\_\_\_\_

Item(s) will be received by or construction completed by date: \_\_\_\_\_

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

Site Name, if applicable \_\_\_\_\_

Is the Signer the ECEAP Director? Yes      No

If no, was the purchase request reviewed with the ECEAP Director? Yes      No

\_\_\_\_\_  
Print Signatory Name

\_\_\_\_\_  
Authorized Signatory 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 explain the delay. *(Use extra space on last page if needed)*

2. If the request is intended to use funds from a contract not executed yet, please justify its use. *(Use extra space on last page if needed)*

3. If the purchase request is to support ECEAP families with concrete goods and services of last resort as defined in the DCYF contract Exhibit A: Statement of Work, please explain the purchases and the situation the family is facing to justify the request: *(Use extra space on last page if needed)*

4. Any additional information that supports the request. *(Use extra space on last page if needed)*

### Cost Allocation Plan

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

5. Will the purchase be used for only B-3 ECEAP, PreK ECEAP, and/or ECLIPSE contracted slots?  
 Yes            No

- **If no**, identify what other funding sources (local grant funds, state school district funds, and/or federal funds) will support the purchase. *(Use extra space on last page if needed)*
  
- Describe how costs will be allocated to the different funding sources by either time, number of staff or children, square footage, or other factors used to determine cost allocation. Note the percent of the allocation. *(Use extra space on last page if needed)*

6. **The amount allotted to ECEAP.** Identifying the type of ECEAP funding layered into the contract. The total amount allocated from the ECEAP contract in question 6 should match question 7.

Type	Amount
PreK ECEAP	\$
B-3 ECEAP	\$
ECLIPSE	\$
Complex Needs Funding	\$
Other funding awarded by DCYF ECEAP Please list the other DCYF ECEAP funding used. _____	\$
<b>Total Amount Allocated from ECEAP Contract</b>	<b>\$</b>

7. 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, or federal funds. Use the total from question 6 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 contributions. **If available attach supporting documentation for the purchase(s).**

Items	Total	DCYF ECEAP Funds	Other Contributions
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>The percentage allocated to the funds. The percentage should match the amounts above.</b>	100%	%	%

Submit the form to [dcyf.eceap@dcyf.wa.gov](mailto:dcyf.eceap@dcyf.wa.gov), cc'ing the assigned CQI Specialist. Include an estimate with the form. Estimates may include a contractor quote, an image of an online cart, etc. Other documentation may be considered.

**DCYF Approval**

Approved            Denied

\_\_\_\_\_   
 DCYF Program Approver Signature

\_\_\_\_\_   
 Date

Extra space if needed