# ECEAP Contractor Financial Disclosure Certification

Due June 15th of each fiscal year

* The ECEAP Director and Chief Financial Officer complete this form annually to certify that the contractor’s ECEAP program followed all financial requirements in the ECEAP Services Contract.
* Email completed form to dcyf.eceap@dcyf.wa.gov.

Contractor       Contractor Number

| **During the** **school year:** | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- |
| 1. We had written fiscal policies, procedures and internal controls in place for:
	* Cash disbursements
	* Cash receipts
	* Payroll
	* Travel
	* Purchasing
	* Purchase Cards (credit cards)
	* Petty Cash
	* Inventory, including safeguard of assets
 | [ ]  | [ ]  |  |
| 1. We spent ECEAP funds only on costs directly related to ECEAP Services.
 | [ ]  | [ ]  |  |
| 1. We spent 15% or less of the total ECEAP Services funds from DCYF on administrative costs. \**This includes any subcontractors’ administrative costs.*
 | [ ]  | [ ]  |  |
| 1. We did not bill DCYF for work charged to or paid by other funding sources.

***Yes*** *means, “We only billed DCYF.”****No*** *means, “We billed DCYF and another source for the same work”.*  | [ ]  | [ ]  |  |
| 1. 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.”* | [ ]  | [ ]  | [ ]  |
| 1. 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.”*  | [ ]  | [ ]  | [ ]  |
| 1. Will you have unspent funds received for ECEAP Services for this year or any previous year?
* If yes, enter the approximate amount you will be carrying forward as surplus:

 *\*If YES, an ECEAP Surplus Spending Plan must be submitted by June 15th.*  | [ ]  | [ ]  | [ ]  |
| 1. If we used ECEAP funds as a match for a federal program, we obtained prior approval from DCYF.

***NA*** means, “We did not use ECEAP funds for federal match.” | [ ]  | [ ]  | [ ]  |
| 1. 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” only for hours outside of ECEAP classroom time.* ***NA*** *means, “We do not have ECEAP sites in licensed child care.”*  | [ ]  | [ ]  | [ ]  |
| 1. We maintained an inventory list and supporting records for:
	* All assets with a unit cost of $5,000 or greater.
	* The following assets with a unit cost of $300 or more:
		+ 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

***NA*** *means, “We do not own any items that must be on an inventory.”* | [ ]  | [ ]  | [ ]  |
| 1. 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.

***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.”**List equipment purchased and ensure they are added to your inventory list:* *

*List of facility improvements or playground improvements identified by location and total costs of project:* *
 | [ ]  | [ ]  | [ ]  |
| 1. 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.

***NA*** *means, “We did not sell or dispose such items.”* *List items from your ECEAP inventory you disposed of this year:**
 | [ ]  | [ ]  | [ ]  |
| 1. If we sold ECEAP inventory items, we used the income for ECEAP services only.

***NA*** *means, “We did not sell such items.”*  | [ ]  | [ ]  | [ ]  |

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

Print Name and Title of ECEAP Director

ECEAP Director Signature Date

Print Name and Title of Chief Financial Officer

Chief Financial Officer Signature Date