Month of Startup:       Year of Startup:

Tribe:

Individual Completing Billing:       Phone:       Email:

Select One:

This funding supports a full-time Program Manager position. If the Tribe receives funding for this position through another agreement, the Tribe must ensure that the total funding across all agreements does not exceed 100% of the Program Manager’s funding. The individual(s) performing this work may not be billed under multiple agreements in a way that results in Washington State paying more than one full-time equivalent (FTE) per person."

[ ]  Program Manager – 25% ($1,745.86)

[ ]  Program Manager – 50% ($3,491.75)

[ ]  Program Manager – 75% ($5,237.625)

[ ]  Program Manager – 100% ($6,983.5)

Billing Certification – Tribe

I hereby certify under penalty of perjury that the startup amount selected above is correct.

Authorized Tribal Name:       Date:

Authorized Tribal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DCYF Approval

DCYF Authorized Name:       Date:

DCYF Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

06/2025