**Email completed form to** **eceap@dcyf.wa.gov** **for prior DCYF ECEAP approval**

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| --- |
| ***Please see your ECEAP contract Exhibit A, Treatment of Assets for your ECEAP contractual requirements.*** |
| Date:       |
| Contractor Name:       | [ ]  Early ECEAP  | [ ]  ECEAP  |
| Site Name, if applicable:       |
| Early ECEAP / ECEAP Director Approval Signature:       |
| Reason for disposal:       |
| Proposed disposal method: |
| [ ]  To be destroyed. |
| [ ]  To be sold. (Funds must be spent on ECEAP services). |
| [ ]  To be returned to DCYF ECEAP.[ ]  To be transferred to another ECEAP contractor.If transferring equipment, name of ECEAP contractor receiving the ECEAP equipment:       |
| Inventory or Serial Number | Description of item(s): | Purchase date: | Original Cost: | Salvage Value: | Sale Price (if applicable) |
|  |       |  |       |       |       |
|  |       |  |       |       |       |
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| DCYF Approval: |
| Approved [ ]  Denied [ ]  |
| Comments       |
| DCYF ECEAP Program Approver Signature:  | Date:       |