|  |  |
| --- | --- |
|  | Exhibit F: Certifications and Assurances (Mandatory) |

Send this as a pdf document titled “Exhibit F: Certificates and Assurances – YOUR ORGANIZATION NAME.”

Organization Name

Contact Person

Mailing Address

City, State, Zip Code

Phone

E-mail

**Initial next to each item:**

\_\_\_\_\_ I certify that I have the authority to submit this Application, and that the information in this Application is true and accurate.

\_\_\_\_\_ I certify that my organization is licensed to do business in the state of Washington.

\_\_\_\_\_ I certify that I have read the Sample [2022-23 ECEAP Contract](https://www.dcyf.wa.gov/sites/default/files/pdf/eceap/FY23-Statement-of-Work.pdf), and where applicable the [2022-23 ECEAP Performance Standards](https://www.dcyf.wa.gov/sites/default/files/pdf/eceap/2022-23ECEAPPerformanceStandards.pdf), the [2022-23 B-3 ECEAP Performance Standards](https://www.dcyf.wa.gov/sites/default/files/pdf/EarlyECEAPPerformanceStandards.pdf) and the [ECLIPSE Minimum Service Delivery Requirements](https://dcyf.wa.gov/sites/default/files/forms/ECLIPSE%20Minimum%20Service%20Delivery%20Requirements%20Table.pdf).

\_\_\_\_\_ If my organization is faith-based, I understand that state law prohibits the use of public funds for religious worship, exercise, instruction, or support of any religious establishment.

\_\_\_\_\_ I understand that my organization will not receive reimbursement for any costs incurred in preparing this application.

**Completion Checklist**

Please ensure you have completed the following:

 [ ]  Exhibit A: Services Application, if applicable

 [ ]  All fields completed

 [ ]  All responses within stated word limits

 [ ]  Organization chart pasted in below question 4A

 [ ]  Saved in Microsoft Word

[ ]  Titled “Exhibit A: ECEAP/B-3 ECEAP Services – – YOUR ORGANIZATION NAME”

 [ ]  Exhibit B: Letters of Support and Collaboration, if required

 [ ]  Collected into one document.

[ ]  Saved in either Microsoft Word or PDF format

[ ]  Titled “**Exhibit B: Letters of Support and Collaboration – – *YOUR ORGANIZATION NAME*”**

 [ ]  Exhibit C: Coordination with Neighboring Organizations

 [ ]  One form for each neighboring ECEAP, Head Start, or Tribal organization

 [ ]  Saved in one document PDF format, with signatures

 [ ]  Titled **“Exhibit C: Coordination with Neighboring Organizations – – *YOUR ORGANIZATION NAME***”

 [ ]  Exhibit D: Budget, if required

 [ ]  All fields completed in the template provided

 [ ]  Saved in Microsoft Excel

[ ]  Titled “**Exhibit D: Budget – – *YOUR ORGANIZATION NAME***”

 [ ]  Exhibit E: ECLIPSE Services Application, if applicable

 [ ]  All fields completed

 [ ]  All responses within stated word limits

 [ ]  Saved in Microsoft Word

 [ ] Titled “**Exhibit E: ECLIPSE Services Application– – *YOUR ORGANIZATION NAME***”

 [ ]  Exhibit F: Certifications and Assurances

 [ ]  Fully completed

 [ ]  Signed by individual with authority to bind the organization

 [ ]  All responses answered in provided fields with preset fonts. All other text

 formatted in Calibri font size 12, 1-inch margins, single spaced.

 [ ]  Will submit in a single email with subject line

 “**Comprehensive Early Learning Expansion Application – *YOUR ORGANIZATION NAME*”**

|  |  |
| --- | --- |
| Printed Name and Title |  |
| Signature |  |
| Date |  |