



## ECEAP Contractor Financial Disclosure Certification

**Due June 15, 2022**

- Your ECEAP Director and Chief Financial Officer complete this form annually to certify that you followed all financial requirements in the ECEAP Contract.
- Sign, scan, and email to [eceap@dcyf.wa.gov](mailto:eceap@dcyf.wa.gov)

Contractor: \_\_\_\_\_

During the 2020-2021 school year:	Yes	No	N/A
1. We had written fiscal policies, procedures and internal controls in place for: <ul style="list-style-type: none"> <li>○ Cash disbursements</li> <li>○ Cash receipts</li> <li>○ Payroll</li> <li>○ Travel</li> <li>○ Purchasing</li> <li>○ Purchase Cards (credit cards)</li> <li>○ Petty Cash</li> <li>○ Inventory, including safeguard of assets</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
2. We spent ECEAP funds only for costs directly related to ECEAP.	<input type="checkbox"/>	<input type="checkbox"/>	
3. We spent 15% or less of the total ECEAP funds from DCYF on administrative costs. This includes any subcontractors' administrative costs.	<input type="checkbox"/>	<input type="checkbox"/>	
4. We did not bill DCYF for work charged to or paid by other funding source. <i>Yes means, "We only billed DCYF."</i> <i>No means, "We billed DCYF and another source for the same work."</i>	<input type="checkbox"/>	<input type="checkbox"/>	
5. We had a cost allocation plan for proportionately distributing costs between ECEAP and other programs. <i>NA means, "We do not share staff, space, equipment or other expenses with other programs."</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If we used ECEAP funds for travel, we paid at the Washington State government travel rate or a lower rate. <i>NA means, "We did not use ECEAP funds for travel."</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will you have unspent funds received for ECEAP services for this year or any previous year? <ul style="list-style-type: none"> <li>• If yes, enter the approximate amount you will carry forward? _____</li> <li>• If yes, what is your plan to expend these funds for ECEAP?</li>   <li>• If underspend is over 10% of annual contract amount, please complete Carryforward Funding Plan. (DCYF template)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If we used ECEAP funds as match for a federal program, we obtained prior approval from DCYF. <i>NA means, "We did not use ECEAP funds for federal match."</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 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. <i>Yes means, "We did not double-bill."</i> <i>No means "We double-billed."</i> <i>NA means, "We do not have ECEAP sites in licensed child care."</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

