**Email completed form to** [**eceap@dcyf.wa.gov**](mailto: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: | | | |