|  |  |
| --- | --- |
|  | 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 |  |