DHHS Certification of Cash Needs

Name of Agency: ________________________________

Federal Identification Number: ________________________________

Agency Fiscal Year: ________________________________

Certification for the Month/Year of: ________________________________

Contract Number: ________________________________

Name of DHHS Division/Office Administering the Grant Award: Division of Child Development and Early Education

As a recipient of financial assistance funds from the North Carolina Department of Health and Human Services, we have determined our monthly cash requirements as a condition of requesting a cash advance. As duly authorized officials of the above-named agency, we hereby certify that, to the best of our knowledge, the amount of the cash advance request represents our true cash needs. We agree to monitor our cash flow needs on a monthly basis, and if these needs change or if the need for a cash advance ceases to exist, we will submit a revised Certification of Cash Needs.

_________________________  ____________________________
Signature of Executive Director  Date  Signature of Chief Financial Officer  Date

Breakdown of Advance Request:

$_________________________  NC Pre-K Direct Services costs (ongoing)
$_________________________  NC Pre-K Administrative costs (ongoing)
$_________________________  Total Amount of Advance Request

IMPORTANT: The contractor must submit an original signed Certification of Cash Needs form and an original signed FSR showing the requested advance amount.

______30 days (not to exceed 1/10th of contract amount)

Please provide a narrative detailing why the advance is needed:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

BELOW THIS LINE TO BE COMPLETED ONLY BY THE RESPONSIBLE DHHS DIVISION/OFFICE:

_________________________  Approved  DCDEE Budget Officer  ____________________________
_________________________  Disapproved  Date

DHHS (Certification of Cash Needs) Rev. August 30, 2019
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