

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 on Item J, Line 89:

_____ 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 Division Director	_____ Date
_____ Disapproved		