Print Form

ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES
REQUEST FOR EXTENSION
RELATED TO FILING AUDIT/FINANCIAL REPORTS

-TO AVOID FINANCIAL PENALTY-
PLEASE REQUEST ON OR BEFORE THE REPORT DUE DATE.
(180 DAYS AFTER PROVIDER'S FISCAL YEAR END)

Provider Name: _____

Address: _____

FEIN: _____ Date of Provider' s Fiscal Year End: (MM/DD/YYY) _____

Fscal Year of Request: _____

Contact Person: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

Please identify the type of request by checking the appropri ate category:

☐ Extension of the due date for report submission until _____

NOTE - A COPY OF THE SIGNED ENGAGEMENT LETTER IS REQUIRED

☐ Notification of fiscal year end

☐ Other

Explanation and Justification: _____

_____

_____

_____ _____
Signature and Title (must be Executive Management or a Board Member) Date

Fax Request to: 217-785-1765
Or mail to: Office of Planning & Budget
406 East Monroe, Mail Station #440
Springfield, IL 62701-1498

_____ Extension request approved through _____

_____ Request approved

_____ Request not approved

_____ _____
Royce Kirkpatrick, Budget Officer Date

A signed form indicating approval or denial of your request will be rturned to the provider by mail, fax or email within 30 business days after receipt of the request.