ILLINOIS DEPARTMENT OF HUMAN SERVICES

Awards of Excellence Support Services

BUDGET SUMMARY

|  |  |
| --- | --- |
| 1. Agency Name: |  |
| 2. Agency Address:  |  |
| 3. Remittance Address: |  |
| 4. Agency Head and Title:  |  |
| Telephone: |  |
| Email Address (Required): |  |
| 5. Program Contact Person and Title: |  |
| Telephone: |  |
| Email Address (Required): |  |
| 6. Fiscal Contact Person and Title: |  |
| Telephone: |  |
| Email Address (Required): |  |
| 7. Fax Number: |  |
| 8. Tax Payer I.D. Number: |  |
|  |  |
| 11. A. Total Funds Requested From IDHS: |