State of Illinois
Department of Human Services - IMSHS

MID-YEAR FISCAL REPORT

Delegate: _____ Year Ending on 6/30/ _____

1. Funded Slots: _____ Actual Children Served: _____

2. Funded Days: _____ Days Open for Services: _____

3. ☐ Projected Contract Overage = _____ **OR** ☐ Projected Contract Shortage =_____

4. Extenuating circumstances relate to the above:

5. Unmet one-time needs for this year:

6. Unmet on-going needs: