

**ILLINOIS DEPARTMENT OF HUMAN SERVICES  
REQUEST FOR EXTENSIONS/WAIVER/MODIFICATION  
RELATED TO FILING AUDIT/FINANCIAL REPORTS**

\* **Provider Name:**

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\* **Address:**

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\* **FEIN:**

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\* **Reporting Year: FY -** \_\_\_\_\_ **Ending Date of Provider's Fiscal Year (MM/DD/YY):** \_\_\_\_\_

**Name of Provider Contact Person:**

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**Phone #:**

**Fax #:**

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**\*REQUIRED**

\* **Please note: This form cannot be utilized for Extensions/Waiver/Modification of State of Illinois Grants Accountability and Transparency Act (GATA) Audit requirements or Consolidated Year-end Financial Report (CYEFR) requirements.**

Please identify the type of request by checking the appropriate category:

	<p>Extension of the due date for report submission until _____</p> <p><b>IN ORDER TO PROCESS THIS REQUEST, ONE OF THE FOLLOWING MUST BE MARKED:</b></p> <p><input type="checkbox"/> We are uploading a copy of Single Audit, in compliance with 2 CFR 200, into the CRV.</p> <p><input type="checkbox"/> We expended less than \$750,000 in Federal funds from all sources, so we are not required to submit a Single Audit or Data Collection Form. We understand that by waiving the submission requirement to have a Single Audit performed that we are now subject to submit an Independent Auditor's 'In Relation to' Opinion on CFR Schedule of Program Costs and Schedule of Program Revenue.</p>
<input type="checkbox"/>	Partial waiver of reporting requirements
<input type="checkbox"/>	Modification of reporting requirements
<input type="checkbox"/>	Notification of fiscal year end change
<input type="checkbox"/>	Other

Explanation and Justification:

**Management Certification**

By signing this report, I certify to the best of my knowledge and belief that these reports are true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal/State awards. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

\_\_\_\_\_  
Signature and Title (must be executive management or a Board member)

\_\_\_\_\_  
Date

Request can be emailed to: [DHS.OCA.FinancialReporting@illinois.gov](mailto:DHS.OCA.FinancialReporting@illinois.gov); or mailed to: 600 E. Ash St., Bldg. 400, 3<sup>rd</sup> Floor; Springfield, IL 62703; or faxed to: (217) 782-4135;

Request approved

Request not approved

\_\_\_\_\_  
Office of Contract Administration

\_\_\_\_\_  
Date

## **INSTRUCTIONS**

This form is to be used to submit the following types of requests/notifications to the Illinois Department of Human Services (DHS):

- A request to extend the due date for submission of the required reports and materials.
- A request for a partial waiver of the financial reporting requirements.
- A request for a modification of the final reporting requirements.
- A notification of an error in the “Ending Date of Provider’s Fiscal Year” as recorded on the DHS Financial Reporting Checklist.
- Other requests/notifications.

The top portion of the form must be completed to help DHS to maintain accurate provider records.

You must declare if you are or are not subject to a Single Audit requirement. Failure to make that declaration will result in the denial of your extension/waiver request.

The request should be explained and justified in space provided in the middle portion of the form. The provider may attach correspondence or additional pages to the form if necessary.

The form must be signed by the provider’s upper management (e.g., the CEO or CFO) or an officer of its Board of Directors. DHS will not consider requests which are signed by independent auditors or others outside of the provider organization.

The form should be sent by e-mail to: [DHS.OCA.FinancialReporting@illinois.gov](mailto:DHS.OCA.FinancialReporting@illinois.gov)

**Or** the form can be mailed to the following address:

Office of Contract Administration  
600 East Ash Street, Bldg. 400, 3<sup>rd</sup> Floor North  
Springfield, IL 62703

**Or** the form may be faxed to: Office of Contract Administration at (217) 782-4135.

A signed form indicating approval or denial of the provider’s request will be returned to the provider by mail, fax, or email within 14 days after receipt of the request by the Office of Contract Administration.