



State of Illinois
 Department of Human Services
**DATA SHARING AGREEMENT (DSA) OR
 INTERGOVERNMENTAL AGREEMENT (IGA) APPROVAL**

Date: _____

TO: Secretary, Illinois Department of Human Services

From: _____

RE: Approval of _____ with _____

Attached is a _____ with _____,

numbered _____. The people whose signatures appear below have reviewed and approved

this agreement. Your signature on the agreement is the final approval for DHS.

Approvals

 Program Manager's Printed Name

 Program Manager's Signature (Level 1) Date _____

 Program Fiscal Manager's Printed Name

 Program Fiscal Manager's Signature (Level 1) Date _____

 Division Director's Printed Name

 Division Director's Signature (Level 1) Date _____

Additional Approval if Document is a Data Sharing Agreement

 Chief Information Officer (or Designee) Printed Name and Signature (Level 1) Date _____

Additional Approval if Document is an Intergovernmental Agreement with Financial Impacts

 Budget Office Printed Name Title _____

 Budget Office Signature (Level 1) Date _____

Legal Approval for All Documents

 Office of the General Counsel Printed Name and Signature (Level 1) Date _____