



**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 \_\_\_\_\_