

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

Provider Name Rock Island County Health Department

Address 2112 25th Avenue, Rock Island, IL 61201

FEIN # 366006649

Fiscal Year 2010 Ending Date of Provider's Fiscal Year November 30, 2010

Name of Provider Contact Person Wendy Trute

Phone # 309-558-2800 Fax # 309-794-7091

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

Extension of the due date for report submission until _____

When requesting an extension, you must mark one of the statements below:

We will submit two copies of an audit in compliance with OMB Circular A-133 (Single Audit).

We expended less than \$500,000 in Federal funds from all sources, so are not required to do A-133.

We are a for-profit corporation not subject to A-133 reporting.

Partial waiver of reporting requirements

Modification of reporting requirements

Notification of fiscal year end

Other

Explanation and Justification: Request waiver of agreed upon procedures on the Grant report since we are a unit of government and are subject to A-133 requirements.

Wendy Trute Public Health Administrator 1/19/2011
Signature and Title (must be executive management or a Board member) Date

Fax Request to: 217/762-4135

Or mail to: 222 South College, 2nd Floor, Springfield, IL 62704-1875

Request approved
 Request not approved

Debra D. Matlock 1/21/11
Debra D. Matlock, Director, Office of Contract Administration Date

[Instructions are on the reverse side of this page]