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| --- | --- |
| Illinois Department of Healthcare and Family Services  Bureau of Fiscal Operations  2200 Churchill Road A-2  Springfield, Illinois 62702 | <00 Month> 2021  <Insert Subaward Unique Identifier, i.e. CUREXXXXXX > |
|  | |

**CARES Payments**

Subject: Final Report Submission <Insert Business Legal Name> <Insert Subaward Unique Identifier, i.e. CUREXXXXXX >.

<Insert Business Legal Name> hereby submits the enclosed final report and supporting documents for subaward number <Insert Subaward Unique Identifier, i.e. CUREXXXXXX>.

We confirm that the funds have been used in accordance with Department of Treasury’s guidance for the Coronavirus Relief Fund and other applicable policies and laws and the terms of the subaward agreement. The final report and supporting documentation includes a complete reporting of expenditures incurred for the period of March – December 2020. Our expenditures <did/did not> include construction activities.

I <Insert Name of authorizing official> certify that I have the authority to submit the final report on behalf of <Insert Business Legal Name> and that the information contained in this report is true, complete and correct to the best of my knowledge.

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­­­Signature

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Printed Name

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Title