

LICENSED CHILD WELFARE AGENCY MANAGEMENT SELF REPORTING FORM
(for compliance with Part 401, Licensing Standards for Child Welfare Agencies, Appendix C)

LICENSED AGENCY Volunteers of America
ADDRESS 47 W Polk ste 250
Chicago, IL 60605

LICENSE NUMBER 021329
CONTACT NAME Amanda Deichl
CONTACT PHONE NUMBER 847-489-6006
Report for the fiscal year ending June 2022

The responses to the following ten (10) representations regarding Agency financial condition and operations are to be signed and dated by the Chief Financial Officer and an Authorized Representative of the governing body on a "to the best of our knowledge" basis.

For any response other than "yes", please provide details by attaching additional sheets.

This form and any attachments should be submitted within 180 days after the close of the Fiscal Year to:

Department of Children and Family Services
Office of Planning and Budget
406 East Monroe - Mail Station 440
Springfield, IL 60701-1498

Representations are for the immediate past fiscal year.

REPRESENTATIONS

1. We have a bookkeeping system that includes, minimally, a chart of accounts and appropriate accounting journals.
 YES NO
2. We have paid our payrolls in accordance with our specified payroll schedule.
 YES NO
3. We have paid relative caregivers or foster parents in accordance with established payment schedules.
 YES NO

4. We have paid all payroll taxes or other tax liabilities on or in advance of the date required by all taxing authorities. YES NO
5. We have not defaulted on any debt. YES NO
6. We have billed funding agencies within 60 days for amounts due. YES NO
7. We have not failed to collect billings and have not had to write off billings. YES NO
8. We have adequate assets to provide for Agency operations and services such as staff, taxes, rent, utilities and supplies for at least 30 days. YES NO
9. We have not loaned money to Agency employees or members of the Board of Directors. YES NO
10. We do not have an operating deficit for the year. YES NO

Nancy Hughes Moyer
signature

Nancy Hughes Moyer
Printed Name/Representative of Governing Body

President and CEO, VOA Illinois
Title

6/10/22
Date

David Savage
signature

David Savage
Printed Name

Chief Financial Officer
Title

10/22
Date

Please do not write below this line (office use only)

Date Received:

Received By:

Reviewed By:

Date:

Sent to Licensing: