



**CINS /FINS CHECK SHEET
OF INFORMATION DUE THE STATE OFFICE BY THE 7TH OF EACH MONTH**

DATE _____

AGENCY _____

		Monthly				Annual									
		Fixed rate Invoice	Staff Vacancies greater than 60 days	MBE/ CMBE Report	IV-E Invoice	Volunteer Form	DCF License*	Financial Audit**	Community Partners (Jan 15)	Staff Roster (Mar1)	Inventory Report (Mar 1)	Emergency Preparedness Plan (Mar 1)	Targeting Plan (Apr 1)	Training Plan (Sept 15)	& Expense Report (Dec 1)
MONTH	Due Date														
July	5-Aug														
August	5-Sep														
September	5-Oct														
October	5-Nov														
November	5-Dec														
December	5-Jan														
January	5-Feb														
February	5-Mar														
March	5-Apr														
April	5-May														
May	5-Jun														
June	5-Jul														