Illinois Works Apprenticeship Initiative Periodic Grantee Report

Organization Name	FEIN Number	DUNS Number	
Grant Awarding Agency	Project Start Date	Project End Date	
Grant Number	Estimated Total Project Costs	Estimated Total State Contribution	
Reporting Period: Period Start	Date Period	d End Date	
Applicable Apprenticeship	Goal (Select all that apply):		
10% total project cost 10%	total state contribution only		
☐ Waiver Approved by IL DCEO	IL DCEO Waiver Approval Date		
(If a waiver was granted for any preva	ailing wage classification, the Grantee doe	s not need to report on those classifications on t	his form.)
Reduction Approved by IL DCEO	IL DCEO Reduction Approval Date		
(If selected, enter the applicable pre	vailing wage classification(s) and approved	I reduced percentage(s).)	
Prevailing Wage Classification	Reduced Percentage	Prevailing Wage Classification	Reduced Percentage

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Please provide information in this chart for the entire project if the apprenticeship goal applies to the entire project. Provide information for only the state contribution if the apprenticeship goal applies only to state appropriated capital funds.

Prevailing Wage Classification	Total Hours for Classification in Reporting Period	Total Apprentice- ship Hours for Classification in Reporting Period	% of Apprentice -ship Hours	Total Hours for Classification YTD	Total Apprentice -ship Hours YTD	% of Apprentice- ship Hours YTD	If no apprenticeship hours recorded, explain.

Organization Certification and State Agency Acknowledgement

1. Organization Certification:

By signing this form, I certify to the best of my knowledge and belief that the form is true, complete and accurate and that any false, fictitious or fraudulent information or the omission of any material fact could result in the immediate termination of my grant award(s).

Institution/Organization Name:	
Printed Name (Executive Director or equivalent):	Title (Executive Director or equivalent):
Signature (Executive Director or equivalent):	Date/Time Field
z. State Agency Acknowledgement:	
State Agency	
Printed Name	Title
Circo to was	
Signature:	Date/Time Field