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 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 prevailing wage classification, the Grantee does not need to report on those classifications on this form.)

☐ Reduction Approved by IL DCEO IL DCEO Reduction Approval Date _____

(If selected, enter the applicable prevailing wage classification(s) and approved 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 thestate 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

2. State Agency Acknowledgement:

State Agency

Printed Name

Title

Signature:

Date/Time Field