



Illinois Department of Commerce & Economic Opportunity

JB Pritzker, Governor

Illinois Works Jobs Program Act Request for Waiver or Reduction of Public Works Project Apprenticeship Goals (30 ILCS 559/20-20(b); 14 Ill. Admin. Code 680.40)

Submit the completed form and all supporting documents to your State Agency issuing the Contract/Grant/Loan for review and make their recommendation to Illinois Works for final evaluation.

Requestor Information

Requesting Entity's Name

Requesting Entity's Role
in Project (e.g.,
grantee, contractor,
subcontractor)

Requestor Name

Requestor Phone#

Requestor Email

Date Submitted

Project Information

(Please submit the State Contract/Grant/Loan agreement if it has been executed, or all application materials if the contract/grant/loan agreement has not yet been issued.)

Is the requester seeking
or receiving a State
contract/grant/loan
for this project (Y/N)

State Agency State
Contract/Grant/Loan

Contract/Grant/Loan
Number(s) (if known)

Project Number

Project Name

Project Description (include a description of both the contract/grant/loan and the larger project, if applicable.)

Project Location (city and county)

Total Estimated Project Cost* (Cost of the overall project including amounts awarded through the contract/grant/loan. Please submit all documentation supporting the total estimated project cost.)

Total Contract/Grant/Loan Awarded, or Requested from State Agency, if Award decision not yet made.

Percentage of State appropriated capital funds contribution through contract/grant/loan of the total estimated cost of the overall project.

Apprenticeship Goal Waiver or Reduction Information

What is the apprenticeship goal based on the total estimated project cost and the State's contribution? Please check one box only. (See Budget Supplement Form Part III.A.)

- ☐ The 10% apprenticeship goal applies to all prevailing wage eligible work performed on the entire project.
- ☐ The 10% apprenticeship goal applies only to prevailing wage eligible work being funded by State appropriated capital funds.

Is a goal waiver and/or goal reduction being requested? (Please check all boxes that are applicable.)

- ☐ Waiver
- ☐ Reduction

Specify the Basis for the Request (Please check all boxes that are applicable.)

- ☐ Insufficient apprentices are available.
- ☐ The reasonable and necessary requirements of the contract or grant do not allow the goal to be met.
- ☐ There is a disproportionately high ratio of material costs to labor hours that make meeting the goal infeasible.
- ☐ Apprentice labor hour goals conflict with existing requirements, including federal requirements, in connection with the public work.
- ☐ Insufficient graduates of the Illinois Works Pre-Apprenticeship Program are available to meet the compliance requirements.

Explanation of the basis for this request. (Please provide details explaining the need for the request, including a description of the specific waiver and/or reduction being requested, plus submit all documents that support the request.)

Statute(s) or rule(s) that support the request, if applicable.

Has the requesting entity received a reduction or waiver on other projects? If yes, please list the applicable contracts/grants/loans and the waivers or reductions received and the dates they were received.

Prevailing wage classifications and rates can be found from the Illinois Department of Labor. Please visit <https://www2.illinois.gov/idol/Laws-Rules/CONMED/Pages/Rates.aspx> for rate and classification information.

Apprenticeship Goal Waiver or Reduction Requested

Directions: Complete the applicable chart below to demonstrate the apprenticeship goals the requesting entity is seeking for each prevailing wage classification.

For projects for which the 10% apprenticeship goal applies to all prevailing wage eligible work performed on the entire project, complete **Chart A** below. The contractor must provide specifically the percentage goal they are requesting to have waived or reduced.

A. Apprenticeship Goals for Entire Project (complete if goal applies to entire project)

County(ies)

A. Prevailing Wage Classification	B.Estimated Total hours	C. % Goal for Apprenticeship Hours for Classification	D. Estimated Apprenticeship Hours (multiply columns B & C)	E. 5% Goal (Half of the 10% Apprenticeship Goal) Performed by Graduates of Illinois Works, Climate Works, or Highway Construction Careers Program	F. 5% of Total Hours Performed by Apprentices who are NOT Graduates of Illinois Works, Climate Works, or Highway Construction Careers Program	G. Source of Funds

Apprenticeship Goal Waiver or Reduction Requested

Directions: Complete the applicable chart below to demonstrate the apprenticeship goals the requesting entity is seeking for each prevailing wage classification.

For projects for which the 10% apprenticeship goal applies only to prevailing wage eligible work being funded by State appropriated capital funds, complete Chart B below. The contractor must provide specifically the percentage goal they are requesting to have waived or reduced.

B. State-Funded Contract/Grant/Loan Apprenticeship Goals (complete if goal applies only to State appropriated capital funds.)

County(ies)

A. Prevailing Wage Classification	B. Estimated Total Hours	C. % Goal for Apprenticeship Hours for Classification	D. Estimated Apprenticeship Hours (multiply columns B & C)	E. 5% Goal (Half of the 10% Apprenticeship Goal) Performed by Graduates of Illinois Works, Climate Works, or Highway Construction Careers Program	F. 5% of Total Hours Performed by Apprentices who are NOT Graduates of Illinois Works, Climate Works, or Highway Construction Careers Program

Entity 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 contract, grant, or loan award(s).

Institution/Organization Name:

Title (Executive Director or equivalent):

Printed Name (Executive Director or equivalent):

Signature (Executive Director or equivalent):

Date

For State Agency Use:

The State Agency has reviewed the request for a reduction and/or waiver of the apprenticeship goal and any supporting documentation submitted and recommends as follows:

- ☐ Approve request.
- ☐ Deny request.
- ☐ Approve request in part and deny in part.
- ☐ Additional information requested.
- ☐ Public hearing is recommended prior to a determination (30 ILCS 559/20-20(b); 14 Ill. Admin Code 680.40(b)).

State Agency Explanation for Recommendation:

Must be completed by State Agency. Please indicate if the State Agency has applied for or received a goal deviation for a federal construction program (14 Ill. Admin Code 680.70) and the deviation number, if one was granted:

State Agency

Title

Printed Name

E-mail address

Signature

Date

The State Agency should submit the completed form and documents to the Department of Commerce and Economic Opportunity platform.

For Department of Commerce and Economic Opportunity Use:

Determination:

- ☐ Approve request.
- ☐ Deny request.
- ☐ Approve request in part and deny in part. (See explanation and modified goals chart(s) below).
- ☐ Additional information requested.
- ☐ Public hearing is recommended prior to a determination (30 ILCS 559/20-20(b); 14 Ill. Admin Code 680.40(b)). The Department of Commerce and Economic Opportunity will provide additional information on the public hearing.

Additional comments:

Kristine A. Richards, Director
Department of Commerce and Economic Opportunity

Date

Apprenticeship goal waiver or reduction approved as modified, below (completed by the Department of Commerce and Economic Opportunity)

A. Apprenticeship Goals for Entire Project (complete if goal applies to entire project.)

County(ies)

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[illegible]

Apprenticeship goal waiver or reduction approved as modified, below (completed by the Department of Commerce and Economic Opportunity)

B. State-Funded Contract/Grant/Loan Apprenticeship Goals (complete if goal applies only to State appropriated capital funds.)

County(ies)

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[illegible]

Entity acceptance of modified goals approved by the Department of Commerce and Economic Opportunity

By signing below, I agree to the modified apprenticeship goals as indicated in the chart above for the contract/grant/loan award(s) listed herein.

Institution/Organization Name:

Title (Executive Director or equivalent):

Printed Name (Executive Director or equivalent):

Signature (Executive Director or equivalent):

Date