Illinois Works Apprenticeship Initiative
Periodic Report

IEPA LOAN PROGRAM VERSION

Loan Recipient Organization Name		FEIN Number		Unique Entity ID Number	
Loan Awarding Agency		Project Start Date		Project End Date	
Loan 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 Applicant 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 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 Apprenticeship Hours for Classification in Reporting Period	% of Apprenticeship Hours	Total Hours for Classification YTD	Total Apprenticeship Hours YTD	% of Apprenticeship Hours YTD	If no apprenticeship hours recorded, explain

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Loan Recipient Organization Certification and State Agency Acknowledgement

1. Loan Recipient 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 loan(s).

Loan Recipient 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