IEPA LOAN PROGRAM VERSION

STATE OF ILLINOIS
ILLINOIS WORKS JOBS PROGRAM ACT APPRENTICESHIP INITIATIVE BUDGET SUPPLEMENT
FOR PUBLIC WORKS PROJECTS FUNDED BY STATE APPROPRIATED CAPITAL FUNDS

Instructions: Please complete this form as soon as: (1) the estimated total project costs (Part I) are known; **and** (2) the prevailing wage classifications and estimated hours are known **(only required if the estimated total project costs are over $500,000)**. *See* Part III.C. This supplement form should only be completed once and must be submitted to the funding State Agency no later than at the time the first periodic reports are due.*

Part I. Organization and Project Information

Organization Name		NOFO Number (if known)	n/a
Loan Number (if known)		Loan Term (if known)	
Project Description			
Estimated Total Project Cost		Estimated Project Term	

1. Do the State Funding and Non-State Funding Budget **total $500,000 or more**:

☐ Yes ☐ No

If Yes, please complete the remainder of this supplement form.

If No, please only complete Part I and Part IV of this form. The State Agency funding the project must maintain this form.

*For loans with an estimated total project cost of $500,000 or more, the applicant will be required to comply with the Illinois Works Apprenticeship Initiative (30 ILCS 559/20-20 to 20-25) and the applicable administrative rules at 14 Ill. Admin. Code Part 680. The "estimated total project cost" is a good faith approximation of the costs of an entire project being paid for in whole or in part by appropriated capital funds to construct a public work. Operational costs are not included in the calculation of estimated total project costs. The goal of the Illinois Apprenticeship Initiative is that apprentices will perform either 10% of the total labor hours actually worked in each prevailing wage classification or 10% of the estimated labor hours in each prevailing wage classification, whichever is less.

Part II. Applicable Apprenticeship Goal

Please respond to question number 1 OR 2 as applicable:

1. **For projects estimated to receive $500,000 or more in appropriated capital funds:**

Is the percentage of State contribution of appropriated capital funds to the overall project 50% or more of the estimated total project cost:

☐ Yes ☐ No

If Yes, the 10% apprenticeship goal applies to all prevailing wage eligible work performed on the entire project.

If No, the 10% apprenticeship goal applies only to prevailing wage eligible work being funded by State appropriated capital funds.

2. **For projects estimated to receive less than $500,000 in appropriated capital funds:**

Is the percentage of State contribution of appropriated capital funds to the overall project 50% or more of the estimated total project cost:

☐ Yes ☐ No

If Yes, the 10% apprenticeship goal applies to all prevailing wage eligible work performed on the entire project.

If No, the 10% apprenticeship goal does not apply.

Part III. Apprenticeship Goal Compliance (Please answer Parts A, B and C as noted.)

A. Based on the answer provided above in number 1 or 2 in Part II:

☐ the 10% apprenticeship goal applies to all prevailing wage eligible work performed on the entire project. (Complete Parts B and C, below. Provide detailed information on prevailing wage classifications for **both** the State appropriated capital funds and the remainder of the project in Part C.)

☐ the 10% apprenticeship goal applies only to prevailing wage eligible work being funded by State appropriated capital funds. (Complete Parts B and C, below. Provide detailed information on prevailing wage classifications for **only** the State appropriated capital funds in Part C.)

☐ the 10% apprenticeship goal does not apply at all. (If this box is checked, please skip Parts B and C.)

B. The Organization:

☐ Will fully comply with the 10% apprenticeship goal.

☐ Will seek a partial or complete reduction of the 10% apprenticeship goal. (Submit a reduction/waiver request form to the funding Agency.)

☐ Will seek a complete waiver of the 10% apprenticeship goal. (Submit a reduction/waiver request form to the funding Agency.)

☐ Will seek a partial waiver of the 10% apprenticeship goal. (Submit a reduction/waiver request form to the funding Agency.)

C. Complete this chart, below to provide the total hours estimated for work on the project for each prevailing wage classification as directed in Part III.A, above.

Please visit beta.sam.gov for Davis-Bacon rate and classification information.

County

Prevailing Wage Classification	Estimated Total Hours

Part IV. 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 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

State Agency Instructions: If, after completion of this supplement form, the State Agency reviewing the form determines that an apprenticeship goal does apply to this loan, please forward this form to the Department of Commerce and Economic Opportunity at **CEO.ILWorks@illinois.gov**. If the State Agency determines that no apprenticeship goal applies, the State Agency should maintain a copy of this form.