IEPA LOAN PROGRAM VERSION

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 via email to CEO.ILWorks@illinois.gov.
For IEPA loan projects, send all supporting documents to EPA.LoanMgmt@illinois.gov.

Requestor Information

Requesting Entity Name	
Requesting Entity's Roll in Project (e.g., contractor, subcontractor)	
Requestor Name	
Requestor Phone #	
Requestor Email	
Date Submitted	

Project Information

(Please submit the contract or loan agreement if it has been executed, or all application materials if the contract or loan agreement has not yet been issued.)

Is the requestor seeking or receiving a State contract for this project? (Y/N)	
Is the requestor seeking or receiving a loan for this project? (Y/N)	
State Agency issuing Contract or Loan	
Contract or Loan Number(s) (if known)	
Project Name (optional)	
Project Description (include a description of both the contract or 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 or loan. Please submit all documentation supporting the total estimated project cost.)	
Total Loan Amount Awarded, or Requested from State Agency, if Award decision not yet made.	
Percentage of State appropriated capital funds contribution through contract or 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 loan do not allow the goal to be met. ☐ There is a disproportionately high ratio of material costs to labor hours that makes meeting the goal infeasible. ☐ Apprentice labor hour goals conflict with existing requirements, including federal requirements, in connection with the public work.
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.)	

*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.

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 or grants and the waivers or reductions received and the dates they were received.	

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.

a. For projects for which the 10% apprenticeship goal applies to all prevailing wage eligible work performed on the entire project, complete chart "A" and provide detailed information on prevailing wage classifications for **both** the State appropriated capital funds and the remainder of the project.

b. 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" and provide detailed information on prevailing wage classifications for **only** the State appropriated capital funds.

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

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

County

A. Prevailing Wage Classification	B. Estimated Total Hours	C. % Goal for Apprenticeship Hours for Classification	D. Estimated Apprenticeship Hours (multiply columns B & C)	E. Source of Funds

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

County

A. Prevailing Wage Classification	B. Estimated Total Hours	C. % Goal for Apprenticeship Hours for Classification	D. Estimated Apprenticeship Hours (multiply columns B & C)

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 loan award(s) or contract(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 note 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 at CEO.ILWorks@illinois.gov.

For Department of Commerce and Economic Opportunity Use:

Determination:

☐ Request Approved.

☐ Request Denied.

☐ Request approved in part and denied in part (*See* explanation and modified goals chart(s) below).

☐ Additional Information Requested. *See* comments below.

☐ Public hearing is required 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:

Erin B. Guthrie, 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

A. Prevailing Wage Classification	B. Estimated Total Hours	C. % Goal for Apprenticeship Hours for Classification	D. Estimated Apprenticeship Hours (multiply columns B & C)	E. Source of Funds

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

County

A. Prevailing Wage Classification	B. Estimated Total Hours	C. % Goal for Apprenticeship Hours for Classification	D. Estimated Apprenticeship Hours (multiply columns B & C)

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 or 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