

**Illinois Works Jobs Program Act
 Certification of Compliance with
 Public Works Project Apprenticeship Goals**
 (30 ILCS 559/20-20(c); 14 Ill. Admin Code 680.50)

Grantees, contractors, and subcontractors shall submit the completed form and all supporting documents to your Project Manager/Grant Manager at the state agency funding the project.

Organization Name		FEIN Number		EIN Number			
Grant/Contract/Loan Awarding Agency		Project Start Date		Project End Date			
Grant/Contract/Loan Number		Estimated Total Project Cost		Total State Contribution		Final Total Project Cost (if known)	
Certification Type:	<input type="checkbox"/> End of Grant/Contract/Loan		<input type="checkbox"/> End of Project				
Applicable Apprenticeship Goal: ¹ (Select all that apply)	<input type="checkbox"/> 10% total project cost		<input type="checkbox"/> 10% total state contribution only				
	<input type="checkbox"/> 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.)						
	<input type="checkbox"/> 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			

¹ 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. (30 ILCS 559/20-20(a)(2))

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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	A. Total Actual Hours Worked for Classification	B. Total Actual Apprenticeship Hours Worked for Classification	C. % of Actual Apprenticeship Hours Worked for Classification (divide B by A and multiply by 100)	D. Estimated Total Work Hours for Classification (from Budget Supplement)	E. Apprenticeship % of Total Estimated Work Hours (Divide B by D and multiply by 100)

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Entity Certification:

By signing this form, I certify that my organization has met the 10% apprenticeship goal or has received a reduction or waiver of the 10% apprenticeship goal and has met the goal of the reduction(s) granted. I further certify to the best of my knowledge and belief that the information on this form is true, complete and accurate and that any false, fictitious, misleading or fraudulent information or the omission of any material fact on this form could result in the State of Illinois exercising any and all remedies provided for in the contract, grant agreement, at law or in equity.

Institution/Organization Name:

Title (Executive Director or equivalent):

Printed Name (Executive Director or equivalent):

Signature (Executive Director or equivalent):

Date: