**STATE OF ILLINOIS**

**ILLINOIS WORKS JOBS PROGRAM ACT APPRENTICESHIP INITIATIVE BUDGET SUPPLEMENT**

**FOR PUBLIC WORKS PROJECTS FUNDED BY STATE APPROPRIATED CAPITAL FUNDS[[1]](#footnote-2)**

|  |  |
| --- | --- |
| Organization Name Click or tap here to enter text. | NOFO Number (if known) Click or tap here to enter text. |
| Grant Number (if known) Click or tap here to enter text. | Grant Term (if known) Click or tap here to enter text. |
| Project Description Click or tap here to enter text. | |
| Estimated Total Project Cost Click or tap here to enter text. | Estimated Project Term Click or tap here to enter text. |

Do the State Funding and Non-State Funding on Sections A and B of the Uniform Capital Grant Budget Template **total $500,000 or more**: Yes  No

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

If No, please do not complete the remainder of this form. The State Agency funding the grant opportunity must maintain this form in its grant file.

**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.

1. **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.

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

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

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.)

1. 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 grant-funding Agency.)

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

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

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

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.

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| Prevailing Wage Classification | Estimated Total Hours |
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**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 grant award(s).

Click or tap here to enter text. Click or tap here to enter text.

Institution/Organization Name: Title (Executive Director or equivalent):

Click or tap here to enter text.

Printed Name (Executive Director or equivalent):

Click or tap here to enter text.

Signature (Executive Director or equivalent): Date

**State Agency Acknowledgement:**

Click or tap here to enter text. Click or tap here to enter text.

State Agency Title

Click or tap here to enter text.

Printed Name

Click or tap here to enter text.

Signature Date

**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 grant, please forward this form to the Department of Commerce and Economic Opportunity at [CEO.ILWorks@illinois.gov](mailto:CEO.ILWorks@illinois.gov). If the State Agency determines that no apprenticeship goal applies to this grant, the State Agency should maintain a copy of this form in its grant file.

1. For grants with an estimated total project cost of $500,000 or more, the grantee 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 at the time an applicant submits to the Department a grant application of the costs of an entire project being paid for in whole or in part by appropriated capital funds to construct a public work. 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. [↑](#footnote-ref-2)