

**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)

*Contractors shall submit the completed form to the Capital Development Board.*

Organization Name		FEIN Number		DUNS Number			
Grant or Contract Awarding Agency		Project Start Date		Project End Date			
Grant or Contract Number		Estimated Total Project Cost		Total State Contribution		Final Total Project Cost (if known)	
Certification Type:	<input type="checkbox"/> End of Grant or Contract			<input type="checkbox"/> End of Project			
Applicable Apprenticeship Goal: <sup>1</sup> (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		XX/XX/XXX		
	(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		XX/XX/XXX		
	(If selected, enter the applicable prevailing wage classification(s) and approved reduced percentage(s).)						
	<b>Prevailing Wage Classification</b>				<b>Reduced Percentage</b>		

<sup>1</sup> 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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**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.

Click or tap here to enter text.  
Institution/Organization Name:

Click or tap here to enter text.  
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