Illinois Works Apprenticeship Initiative Reporting Form

1.Organization Name		2. FEIN Number		3. DUNS Number	
4. State Construction Agency awarding the contract		5. Project Start Date		6. Project End Date	
7. Project Number		8. Estimated Total Project Costs		9. Estimated Total State Contribution*	
10. Contract Number		11. Contract Amount		9a. *If the Estimated Total State Contribution is less than 50% of the Estimated Total Project Cost, then the apprenticeship goal only applies to the State contribution. Please check box if that is the case: ☐ 10% applies to State contribution only	
12. Reporting Period:	Start Date		End Date		

Prevailing Wage Classification[1]	Total Hours for Classification in Reporting Period	Total Apprenticeship Hours for Classification in Reporting Period	% of Apprenticeship Hours	Total Hours for Classification YTD	Total Apprenticeship Hours YTD	% of Apprenticeship Hours YTD	Total Estimated Hours [2]	Applicable Apprenticeship Goal (10% unless reduction or waiver granted by DCEO)	Date DCEO approved reduction or waiver of the Apprenticeship Goal, if applicable

[1] Please provide information in this chart for the entire contract 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 and the box in 9a is checked.

[2] Please provide the total number of estimate hours as submitted on the Illinois Works Jobs Program Act Apprenticeship Initiative Budget Supplement.

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[2] Please provide the total number of estimate hours as submitted on the Illinois Works Jobs Program Act Apprenticeship Initiative Budget Supplement.