

Illinois Works Apprenticeship Initiative Periodic Grantee Report

Organization Name		FEIN Number		DUNS Number	
Grant Awarding Agency		Project Start Date		Project End Date	
Grant Number		Estimated Total Project Costs		Estimated Total State Contribution	

Applicable Apprenticeship Goal (Select all that apply):

10% total project cost 10% total state contribution only

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.)

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

Reporting Period:

Period Start Date Period End Date

