## 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 to the agency administering the contract or grant.

Organization Name		FEIN Number		[	DUNS Number				
Grant or Contract		Project Start Date		ŀ	Project End				
Awarding Agency				1	Date				
Grant or Contract		Estimated Total			Total State		Final Total		
Number		Project Cost		(	Contribution		Project Cost		
							(if known)		
Certification Type:	☐ End of Grant or	Contract		☐ End	of Project				
Applicable	□ 10% total project cost □ 10% total state contribution only								
Apprenticeship Goal:1									
(Select all that apply)	☐ Waiver Approved by IL DCEO IL DCEO Waiver Approval Da			te XX/XX	/XXX				
(If a waiver was granted for any prevailing wage classification, the Grantee does not need to report this form.)							ort on those clas	sifications on	
	□ 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).)								
	Prevailing Wage Classification				Reduced Percentage				

 $<sup>^1</sup>$  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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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.

Click or tap here to enter text. nstitution/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