	COUNTY (OF KANE	
Christopher J. L. Kane County Board (Chairman ORGANIZED JAM, 18, 1859 DOCUMENT		Kane County Government Center 719 South Batavia Avenue Geneva, IL 60134 P: (630) 232-5930 F: (630) 232-9188 <u>clauzen@kanecoboard.org</u> www.countyofkane.org
Name of Document	Financial and Program Grant Status	Reports	Resolution No.: <u>13-223</u>
	WIA and Trade Adjustment Assistan	<u>ce Programs</u>	1
Submitted by:	Maria Luisa Gonzalez X81644	Dept. Head Signatur	
Date Submitted:	October 30, 2013	Dept. Head Sign-off	Date: 10-30-13
Examined by:	$\frac{\sqrt{0.5e_{1}6} Ly Lyes}{(Print/name)}}{($ignature)} \frac{10 - 20 - 13}{(Date)}$		
Post on the Web		Injuster Para	
Opportunity (DCE)	ed are six (6) quarterly reports require O) that detail the financial and program the three county service region of Kan	matic status of the WIA	
Chairman signed:	YESNO	11-4-2013 (Date) Vales	3
Document returne	ed to: <u>Maria</u> <u>(Mame/Department)</u>	- zavez	
Dev. 05/2012			

STATE OF ILLINOIS

COUNTY OF KANE

RESOLUTION NO. <u>13 - 223</u>

AUTHORIZING AGREEMENTS FOR WORKFORCE INVESTMENT ACT AND TRADE ADJUSTMENT ACT FUNDING FOR PROGRAM YEAR 2013

WHEREAS, Kane County administers Federal funding provided by the Illinois Department of Commerce and Economic Opportunity for a three-county area, including Kane, DeKalb, and Kendall Counties; and

WHEREAS, said funding supports training and job readiness services to adults, dislocated workers, and youth; and

WHEREAS, Kane County has been notified that it will receive on behalf of the three-county area a formula allocation under the Workforce Investment Act for Program Year 2013 in the amount of \$5,221,304, and that it may receive allocations of Trade Adjustment Act funds to serve impacted workers during the year; and

WHEREAS, the River Valley Workforce Investment Board has approved several subrecipient organizations to provide services to adults and dislocated workers in DeKalb County, and youth throughout the three-county area.

NOW, THEREFORE, BE IT RESOLVED that the Chairman of the Kane County Board is - authorized to accept the Workforce Investment Act and Trade Adjustment Act funds awarded during Program Year 2013 and to sign grant agreements, certifications and other documents required by the Illinois Department of Commerce and Economic Opportunity to accept said awards.

BE IT FURTHER RESOLVED that the Chairman of the Kane County Board is authorized to sign agreements with the subrecipient organizations named below for the activities and up to the amounts specified for Program Year 2013.

Subrecipient Name	Activity	Max. Amount
First Institute Training & Management	Deliver workforce services in DeKalb County to prepare eligible job seekers for employment and to provide employers access to grant dollars.	\$528,955.00
Kishwaukee College	Provide resources to support job seekers in gaining employment through management of a public resource center in DeKalb.	\$75,037.00
Total		\$603,992.00

PROGRAM YEAR 2013 ADULT/DISLOCATED WORKER SUBRECIPIENTS

Subrecipient Name	Activity	Max. Amount		
Business & Career Services	Career readiness and internship placement specifically in Manufacturing.	\$144,707.00		
Elgin Community College	Career counseling and training with supervised internship/employment opportunities.	\$176,405.00		
Grundy/Kendall Regional Office of Educ.	Employment readiness through academic remediation, mentoring and supervised work experience opportunities.	\$142,425.00		
Jewish Vocational Services	Employment readiness through academic			
Kendall County Special Ed Coop	Assist HS seniors with disabilities with transitioning into education or employment opportunities.	\$86,629.00		
Kishwaukee College	Career counseling and training with exposure to work through job shadowing.	\$230,844.00		
Quad County Urban League	Employment readiness training and assistance in entering post secondary education.	\$257,096.00		
Waubonsee Community College	Career counseling and training with academic support and tutoring.	\$198,167.00		
Total		\$1,419,083.00		

PROGRAM YEAR 2013 YOUTH SERVICES SUBRECIPIENTS

Line Item	Line Item Description	Was personnel/item/service approved in original budget or a subsequent budget revision?	Are funds currently available for this personnel/item/service in the specific line item?	If funds are not currently available in the specified line item, where are the funds available?
480.98113	WIA PY13	Yes	Yes	N/A
480.98310	Trade Adjustment Act	Yes	Yes	N/A

Passed by the Kane County Board on July 9, 2013.

John A. Cunningham Clerk, County Board Kane County, Illinois

Vote: Yes No Voice Abstentions

Christopher J. Lauzen Chairman, County Board Kane County, Illinois

7BGDT-WorkforceInvestActAgts

	Depa	artment of Com	nmerce and Ec Incial Status R		tunity		
				eport	<u> </u>		
Grantee:	Kane County		1	Send Report to D	CEO email addres	s or hard copy add	ress listed below:
Grant Number:	11-661005		1	Email:	Crystal.Bigelow@	illinois.gov	
DCEO Program Name:	Trade Payment Processing		1	11-661005			
Report Period:	From: 07/01/13	To: 09/30/13	1	{			
Prepared By:		· I · · · · · · · · · · · · · · · · · · ·	1				
Contact Number/Email:	630-208-1644 GonzalezMaria@co.kane.il.us						
Date Prepared:	10/29/2013] -				
Check box if this is the fin	a report.		1				•
	Reporting System) has been updated with		1				
	licable to grant. If checked, detailed						
information is not require							
	ange in the reporting information for this		4				
reporting period.	nonge an one reporting most manager for each						
reporting period.			1				
SECTION I: EXPENDITURE	REPORTING						
Subpart A: GRANT AMOU							
		1	2	3	4	5	6
						Amount of	List Documentation included with Report
						Accruals	to Support Expense Amount (see
		Current	Previously	Current	Total Grant	included in	guideline document) and/or explain any
		Approved	Reported	Reporting Period	Expense to Date	Column 3 (If	adjustments from prior reporting
Cost Category Number	Cost Category Description (Specific)	Budget	Expenses	-	(2+3)	Applicable)	periods.
Not Applicable					\$0.00		
<u></u>					\$0.00		
					\$0.00		
			· · · · · · · · · · · · · · · · · · ·		\$0.00		· · · · · · · · · · · · · · · · · · ·
·				1	\$0.00		
Total -		\$0.00	\$0.00	\$0.00	\$0.00		
· · · · · · · · · · · · · · · · · · ·		*0.00		70.00		1	
Subpart B: MATCH AMOU	INT if applicable						
		1	2	3	4	5	
		<u> </u>	-			Amount of	List Documentation included with Report
2		- Andrewski - Angeleni	the second s	1. Sec.	and the second second second	Accruais	to Support Expense Amount (see
		Current	Previously	Current	Total Match	included in	guideline document) and/or explain any
		Approved	Reported	Reporting Period	i contraction of the second	· · · · · · · · · · · · · · · · · · ·	adjustments from prior reporting
Cash Cahanan Number	Cast Category Description (English)				(2+3)	Applicable)	periods.
Cost Category Number	Cost Category Description (Specific)	Budget	Expenses	Expenses	(2+3) \$0.00		perious.
Not Applicable	· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·
			<u> </u>		\$0.00		
			<u> </u>		\$0.00		
					\$0.00		
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

	TED OR GRANT FUNDS RECEIVED					
1	2	3	4	5		
		Current Cash				
		Request or	Remaining Grant			
	Previous Cash Requested or	Grant Funds	Funds	Grant Funds on		
Grant Amount	Grant Funds Received	Received	[1-(2+3)]	Hand		
Not Applicable			#VALUE!			
			\$0.00			
			\$0.00			
			\$0.00			
			•			•
SECTION III: INTEREST INC	OME or GRANT PROGRAM INCOME if a		1			
		2	3	4		6
				Current Earnings	List Documentation inclu	uded with Report to Support Expense Amount (see
		Current Period	Current Period	Balance		d/or explain any adjustments from prior reporting
	Prior Earnings Balance	Receipts	Disbursements	statistical and see a set of a solution of the	periods.	
Grant Program Income	Not Applicable			#VALUE!		
Grant Program Interest	Not Applicable			#VALUEI		
on file with the Grantee an	d the individual submitting report has fu	ll signature authority to si	gn on behalf of this	Grantee as previou	usly identified to the Depa	ed by the Program; all supporting documentation is artment. The Grantee acknowledges that the h Monitoring and Records Retention Sections of the
Signature	hi by	•	Christopher Lauze Name & Title	en, Chairman Count	y Board	11-1-13 Date
Signature			Name & fille			Date
PROGRAM CERTIFICATION	:					
Program Manager has revi	ewed the report and supporting docume	ntation for any major disc	repancies and/or u	nusual items. All bi	udget items are in accord	ance with grant agreement and appropriate budget
modification procedures.	Program may sign below or capture appr	oval in e-Grants.				
Signature			Name & Title			Date
For Program Use on Review	v Process			<u></u>		
		electrony and a subset of the set				

		Departme	nt of Comm	erce and	Economic O	pportunity	
			Proje	ct Status F	leport		
Grantee:	Kane County			1	Send Report to	DCEO email address or hard o	opy address listed below:
Grant Number:	11-661005			1	Email:	Crystal	.Bigelow@illinois.gov
DCEO Program Name:	Trade Payment Proces	sing		1	11-661005	-	
Report Period:	From: 07/01/13	To: 09	/30/13	1			
Prepared By:	Maria Luisa Gonzalez	·		1			
Contact Number/Email:	(630)208-1644/GonzalezMa	ria@co.kane.il.us		1			
Date Prepared:		/29/2013]			· · · · · · · · · · · · · · · · · · ·
Check box if this is the final repo	rt:]				
Check box if another DCEO repor updated with current informatio grant. If checked, detailed inform in this report.	n, if applicable to	Х					
Indicate all systems updated to n requirements (i.e. eGrants, etc.):		Illinois Wor	rkforce Deve	elopment	System (IWD	S)/Illinois workNet (IWT	S)
Indicate which reporting require ARRA Section 1512):	ments are met (i.e.	Participant	Reporting				
SECTION I: KEY DELIVERABLE or T I.A. Complete this section with ea		the Coore of)					
Statement of Work Deliverable,		Planned Con	- Steadered Ad	% Complete	Actual Completion	Provide explanation if missed Completion Date or if not on	Provide Brief Narrative of Deliverable/Task Status and Indicate Documentation included
		Required	Estimated		Date (ACD)	target to meet	with Report to Support Deliverable/Task
Not Applicab	le	······					
		······					
I.B. Complete this section with a		cific reports a	nd schedules.	I	I		
Program Specific Repo		Submittal Required	Date (SD) Estimated		Provide exp	planation if missed Submittal Da	ate or if not on target to meet

-

SECTION II: PERFORMANCE MEASUREMENT REPORT	and the second	A PERSONAL PROPERTY AND A PERSONAL PROPERTY AND A	COMPANY AND A DESCRIPTION	Barristo a bita series and a series			and a family of the provide state of the second state of
II.A. Complete this section with each performance m		and the second second	Let mark and a first		1 · · · · · · · · · · · · · · · · · · ·		
Performance Measure (PM)	Tai	get	Previous	Current	Actual to	Provide explanation if not met	이 방법에 대해서 있는 것을 것 같은 것 같이 있는 것 같이 많은 것 때 부분들이 많다.
	Required	Estimated	Actual	Actual	Date	or not on target to meet	included with Report to Support Attainment of PM
Not Applicable		 A series of the providence of the latence 	And And Contract Contract		0		n <u>a anna a ann a</u> irtean an tha marainn an amhraidh. T
					0		
					. 0		
II.B. Complete this section with number of jobs creat			f this grant (i	f applicable).			
Jobs Created	Tai	rget	Previous	Current Actual	Actual to	Provide explanation if not met	Indicate Documentation
	Required	Estimated	Actual		Date	or not on target to meet	included with Report to
Jobs Created - Not Applicable					0		
Jobs Retained - Not Applicable					0	-	
SECTION III: SUCCESS STORIES/ADDITIONAL ACTIVITI	ES ACCOMPLISHE	D		- <u></u>			
······································							
	ACV						
SECTION IV: ADDITIONAL CONCERNS AND/OR FEEDB							
				un de foren 11 mars anna i sana participante de service de service de service de service de service de service		an ya posision ana a si ya dibini pitana wa na jene ya ma	
required by Program; all supporting documentation is	on file with the g	rantee and indi	vidual submi	tting report has	full signatur	e authority to sign on behalf of t	his grantee as previously
required by Program; all supporting documentation is identified to the Department. The Grantee acknowled	on file with the g ges that the Depa	rantee and indi rtment's appro	vidual submi wal for any it	tting report has em described h	full signatur	e authority to sign on behalf of t	his grantee as previously
required by Program; all supporting documentation is	on file with the g ges that the Depa	rantee and indi rtment's appro	vidual submi wal for any it	tting report has em described h	full signatur	e authority to sign on behalf of t	his grantee as previously
required by Program; all supporting documentation is identified to the Department. The Grantee acknowled	on file with the g ges that the Depa ds Retention Section	rantee and indi rtment's appro ons of the Gran	vidual submi wal for any it it Agreement	tting report has em described h	full signatur erein shall bo	e authority to sign on behalf of t e considered conditional and sub	his grantee as previously ject to further review and
identified to the Department. The Grantee acknowled	on file with the g ges that the Depa ds Retention Section	rantee and indi rtment's appro ons of the Gran	vidual submi wal for any it it Agreement	tting report has em described h	full signatur erein shall bo	e authority to sign on behalf of t e considered conditional and sub	his grantee as previously
required by Program; all supporting documentation is identified to the Department. The Grantee acknowled verification in accordance with Monitoring and Record	on file with the g ges that the Depa Is Retention Section	rantee and indi rtment's appro ons of the Gran	vidual submi wal for any it it Agreement	tting report has em described h	full signatur erein shall bo	e authority to sign on behalf of t e considered conditional and sub	his grantee as previously ject to further review and
required by Program; all supporting documentation is identified to the Department. The Grantee acknowled verification in accordance with Monitoring and Record	on file with the g ges that the Depa Is Retention Section	rantee and indi rtment's appro ons of the Gran Christopher La	vidual submi wal for any it it Agreement	tting report has em described h	full signatur erein shall bo	e authority to sign on behalf of t e considered conditional and sub ///~	his grantee as previously ject to further review and
required by Program; all supporting documentation is identified to the Department. The Grantee acknowled verification in accordance with Monitoring and Record Signature	on file with the g ges that the Depa ls Retention Section	rantee and indi rtment's appro ons of the Gran Christopher La Name & Title	vidual submi wal for any it ut Agreement uzen, Chairm	tting report has em described h an County Boar	full signatur erein shall b rd	e authority to sign on behalf of t e considered conditional and sub 	his grantee as previously ject to further review and
required by Program; all supporting documentation is identified to the Department. The Grantee acknowled verification in accordance with Monitoring and Record Signature PROGRAM CERTIFICATION: Program has reviewed the	on file with the g ges that the Depa ls Retention Section	rantee and indi rtment's appro ons of the Gran Christopher La Name & Title	vidual submi wal for any it ut Agreement uzen, Chairm	tting report has em described h an County Boar	full signatur erein shall b rd	e authority to sign on behalf of t e considered conditional and sub 	his grantee as previously ject to further review and
required by Program; all supporting documentation is identified to the Department. The Grantee acknowled verification in accordance with Monitoring and Record Signature PROGRAM CERTIFICATION: Program has reviewed the	on file with the g ges that the Depa ls Retention Section	rantee and indi rtment's appro ons of the Gran Christopher La Name & Title	vidual submi wal for any it ut Agreement uzen, Chairm	tting report has em described h an County Boar	full signatur erein shall b rd	e authority to sign on behalf of t e considered conditional and sub 	his grantee as previously ject to further review and
required by Program; all supporting documentation is identified to the Department. The Grantee acknowled verification in accordance with Monitoring and Record Signature PROGRAM CERTIFICATION: Program has reviewed the	on file with the g ges that the Depa ls Retention Section	rantee and indi rtment's appro ons of the Gran Christopher La Name & Title	vidual submi wal for any it ut Agreement uzen, Chairm	tting report has em described h an County Boar	full signatur erein shall b rd	e authority to sign on behalf of t e considered conditional and sub 	his grantee as previously ject to further review and
required by Program; all supporting documentation is identified to the Department. The Grantee acknowled	on file with the g ges that the Depa ds Retention Section 	rantee and indi rtment's appro ons of the Gran Christopher La Name & Title	vidual submi wal for any it ut Agreement uzen, Chairm	tting report has em described h an County Boar	full signatur erein shall b rd	e authority to sign on behalf of t e considered conditional and sub 	his grantee as previously ject to further review and
required by Program; all supporting documentation is identified to the Department. The Grantee acknowled verification in accordance with Monitoring and Record Signature PROGRAM CERTIFICATION: Program has reviewed the in e-Grants.	on file with the g ges that the Depa ds Retention Section 	rantee and indi rtment's appro ons of the Gran Christopher La Name & Title orting documer	vidual submi wal for any it ut Agreement uzen, Chairm	tting report has em described h an County Boar	full signatur erein shall b rd	e authority to sign on behalf of t e considered conditional and sub 	his grantee as previously ject to further review and
required by Program; all supporting documentation is identified to the Department. The Grantee acknowled verification in accordance with Monitoring and Record Signature PROGRAM CERTIFICATION: Program has reviewed the in e-Grants.	on file with the g ges that the Depa ds Retention Section 	rantee and indi rtment's appro ons of the Gran Christopher La Name & Title orting documer	vidual submi wal for any it ut Agreement uzen, Chairm	tting report has em described h an County Boar	full signatur erein shall b rd	e authority to sign on behalf of t e considered conditional and sub 	his grantee as previously ject to further review and /-:3
required by Program; all supporting documentation is identified to the Department. The Grantee acknowled verification in accordance with Monitoring and Record Signature PROGRAM CERTIFICATION: Program has reviewed the in e-Grants. Signature	on file with the g ges that the Depa ds Retention Section 	rantee and indi rtment's appro ons of the Gran Christopher La Name & Title orting documer	vidual submi wal for any it ut Agreement uzen, Chairm	tting report has em described h an County Boar	full signatur erein shall b rd	e authority to sign on behalf of t e considered conditional and sub 	his grantee as previously ject to further review and /-:3
required by Program; all supporting documentation is identified to the Department. The Grantee acknowled verification in accordance with Monitoring and Record Signature PROGRAM CERTIFICATION: Program has reviewed the in e-Grants. Signature	on file with the g ges that the Depa ds Retention Section 	rantee and indi rtment's appro ons of the Gran Christopher La Name & Title orting documer	vidual submi wal for any it ut Agreement uzen, Chairm	tting report has em described h an County Boar	full signatur erein shall b rd	e authority to sign on behalf of t e considered conditional and sub 	his grantee as previously ject to further review and /-:3

Grant Number:	12-654005	Grantee Name:		Kane County			Report Period	From	7/1/2013 To	9/30/2013
		De	epartment of Co	nmerce and I Grantee Rep		pportunity			····	
Grant Number: Grantee Name: DCEO Program Name: Report Period	12-654005 Kane County WIA RR - Innovative Projects From: 7/1/13				Check box i	this is the fin	al report			
Prepared By: Contact Phone Number/Email: Date Prepared:	Renee Thompson (630)208-1486 / reneethom 10/30/13	pson@kcdee.org								
Check box to indicate if GRS has been updated with information required to complete <u>Section I -</u> <u>Expenditure Reporting</u> , if applicable	Ø	information requ <u>Deliverables/Task It</u> applicable to grant. If		<u>tion II - Key</u> easurement, if iled information			Check box if another syst information required to co <u>Certification</u> , if applicable detailed information in not fo	mplete <u>Sectio</u> to grant. If b	n III - Job Count ox is checked,	
to grant. If box is checked, detailed information is not required in Section I of this form,		Indicate all syste	ems updated to meet ements for Section II	reporting			Indicate all systems up requirement	dated to mee s for Section I	and the second the the same than a	N/A
Check box to indicate if there is no c <u>Expenditure Reporting</u> , and leave So		No changes i	from prior reporting	period						
Check box to indicate if there is no o Deliverables/Task Items/Performan leave Section II blank	1/2/2 2 T 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	No changes	from prior reporting	period						
Check box to indicate if there is no o Count Certification Reporting, and k		No changes	from prior reporting	period						
			SECTION I:	EXPENDITU	RE REPORTI	NG				
Subpart A: GRANT AMOUNT	2		3	4	5	6	7		8	
Cost Category Number	Cost Category (Description	DCEO Budget Amount	Previously Reported Expenses	Current Reporting Period Expenses	Total Grant Expense to Date (4+5)	Amount of Accruals Included in Column 5 (If Applicable)	Expense /	nentation included wit Amount (see guideline radjustments from pri	document) and/or
Use GRS	Use G	RS	Use GRS	Use GRS	Use GRS	#VALUEI	Use GRS		Use Trial Balan	ce
						\$0.00 \$0.00 \$0.00			· · · · · · · · · · · · · · · · · · ·	
						\$0.00 \$0.00 \$0.00				· · · · · · · · · · · · · · · · · · ·
				·····		\$0.00 \$0.00 \$0.00 \$0.00				· · · · · · · · · · · · · · · · · · ·
						\$0.00 \$0.00 \$0.00 \$0.00			·····	
Total			\$0.00	\$0.00	\$0.00		·····			

Grant Number:	12-654005	Grantee Name:	Kane County	Report Period	From	7/1/2013 To	9/30/2013
				· · · · · · · · · · · · · · · · · · ·			

1	2		3	4	5	6	7			8
Cost Category Number listed in Grant Agreement Part Budget	Cost Category Descriptic Agreement Part	こう うちをめい しょうかい おうしつ	Matching Funds Requirement listed in Grant Agreement	Previously Reported Expenses	Current Reporting Period Expenses	Total Match Expense to Date (4+5)	Amount of included in C Applic	olumn 5 (If	Expense Am	tation included with Report to Sup ount (see guideline document) and ljustments from prior reporting per
<u></u>			****		· · · · · · · · · · · · · · · · · · ·	\$0.00				
						\$0.00				
						\$0.00				•
						\$0.00				
						\$0.00				
			·			\$0.00				·
						\$0.00				
·						\$0.00		<u> </u>		· · · · · · · · · · · · · · · · · · ·
						\$0.00		1		
	1		where many more states and a state and	·		\$0.00	· 2.5			
otal			\$0.00	\$0:00	\$0:00	\$0.00		\$0.00		
ubpart C: GRANT FUNDS RECEIVED	AND CASH REQUESTED									
1		2			3				4	5
Grant Amo	unt	Previous Cash Request Funds Re	Concernance of the second s	Current Cash I	Request + Curr	ent Grant Fund	is Received	Remaining	Grant Funds	Grant Funds on Hand
	\$0.00	Use C	GRS		Use G	iRS			#VALUE!	Use GRS
ubpart D: GRANT PROGRAM INCOM	VE or GRANT PROGRAM INTER	REST (if applicable)								
	1	2	3	4		l		- mainting of the second s	5	
	Prior Earnings Balance	Current Period Receipts	Current Period Disbursements	Current Earni (1+2			Suppo	rting Docum	entation/Explan	ation of Adjustment
Grant Program Income	Use GRS	Use GRS	Use GRS	#VAL	UE!				Use GRS	
A CONTRACT OF A				-						

SECTION II: KEY DELIVERABLE/TASK ITEMS/PERFORMANCE MEASUREMENT

Sec. I

Grant Program Interest

\$0.00

1	2	3	4	5	6	7
Scope of Work Deliverable, Task or Activity Item	Planned Completion Date			Actual		Provide Brief Narrative of
INSERT ADDITIONAL ROWS IF NECESSARY TO LIST MORE THAN 5 TASKS	Required	Estimated	% Complete	Completion Date	Provide explanation if missed Completion Date or if not on target to meet	Deliverable/Task Status and Indicate Documentation included with Report to Support Deliverable/Task
Task 1 - Grantee will conduct outreach and recruitment to layoff events in the local workforce area.	6/30/2014		0%			One Rapid Response event in September - DACO. Only five workers attended on- site workshop with one starting the WIA assessement process.
Task 2 - Grantee will provide On-the-Job Training to 45 unduplicated participants	12/31/2014		0%			Business Services/OJT RFP released with vendor approval pending County Board authorization on 11/12. Placement activity through facilitated matching process planned for the next quarter.

Carent Number	12 654005	Caratas Nome	Kane County	Report Period	C	7/1/2013 To	0/20/2012
Grant Number:	12-654005	Grantee Name:	Kane County	Report Period	From	//1/2013/10	9/30/2013

Task 3 - Grantee will facilitate wage employers.	reimbursements to hiring	12/31/2014		0%						N/A		
ask 4 - Grantee will enter all client t	training data into IWDS	12/31/2014		0%	····=·					N/A		
		12/31/2014		0,0								
ask 5 - Grantee will report costs on	a monthly basis and before	12/31/2014		0%		·					rged to the gr	ant July
he 20th of each month.										through Sept	ember 2013.	
ubpart B. Program-Specific Report	s and Schedules (if applicable)		L						1		
· · · ·	1	·		2					3			
	Program Specific Report/Sc	hedule		Submittal	Due Date		If Submitt	al Due Date is	not met/will r	iot be met, pl	ease explain	
	Not Applicable	· · · · · · · · · · · · · · · · · · ·		- Not App	licable	Not Applic	able					
ubpart C. Performance Measurem	ent (if applicable) 2	3	4	5	6	<u> </u>		7			. 8	
Performance Measure (PM)	Targe Required	et Estimated	Previous Actual	Current Actual	Actual to Date (4+5)	If PM or 1		s not met, ple Ination			ocumentation Support Attair	
Use IWDS or IWTS	Use IWDS or IWTS	Use IWDS or IWTS -	Use IWDS or IWTS	Use IWDS or IWTS	Use IWDS or IWTS		Use IWI	OS or IWTS		(Jse IWDS or IN	NTS
					0					<u> </u>		
	1	· · · · ·	CECTION I								**	
ubpart A. Position Profiles and Ass	signment to Full Time Equival	ent Category	SECTION	II: Jobs Count	Certificatio	n					• · · · · · · · · · · · · · · · · · · ·	
1	2	3	4	5	6	7	8	9	10	11	12	13
Employer (Organization Name)	Position Title	Employee Name or Payroll ID Number	Position Start Date	Annualized Wage			FTE Category Temporary Full time	Temporary Part Time		Retained Jobs Permanent Part time	Temporary Full time	
Section III Not Applicable to Wor	kforce Investment Act Grants											
	······································											
										+		
Total							A. 1994					

ubpart B. Job Counting Full Time Equivalent Summary		Kane County			Report Period	From	7/1/2013 To	9/30/201
			,					
1						·····		
	2	3	4	5			6	
Job Counting	Projected Number in Grant	Previous Certified	Current Certified	Certified to Date	Provide expla	nation if not met or	not on target to meet pro	jected numbers
reated FTEs	Not Applicable	N/A	0	#VALUE!		- No	t Applicable	
letained FTEs			0	0				
ermanent Full Time Created			0.					
ermanent Full Time Retained			0	0				
werage Wage for Permanent Full Time Created			\$C					
verage Wage for Permanent Full Time Retained			\$0					
	SECTION IV: Succe	a Storige Made	tional Grant	oo Foodbac				
ubpart A: SUCCESS STORIES/ADDITIONAL ACTIVITIES ACCOMP	The second	SS CONESTAUL	uonai Granu	ee reeubac				
uppart A: SOCCESS STORIES/ADDITIONAL ACTIVITIES ACCOMP								
					and an and a second sec			
and and a second se	,							
ubpart B: ADDITIONAL CONCERNS AND/OR FEEDBACK								
					The second se			
	port to DCEO email address	s or nard co	py addres	s listed l	n the weico	те Раскаде		
RANTEE CERTIFICATION:								
rantee certifies that all information reported to the Department								
ubmitted as required by Program; all supporting documentation								
rantee acknowledges that the Department's approval for any ite	em or expenditure described herein shall be	considered conditio	onal and subject	to further revi	lew and verification	in accordance with	the Monitoring and Record	s Retention Section
f the Grant Agreement.								
(, · fo	Christophe	er Lauzen, Chai	rman County	y Board			12-1-1	3
	<u> </u>	Name & Title					D-t-	
		Name & The					Date	
CEO PROGRAM CERTIFICATION:	nontation for any major discrementics and h		Il hudget items	aro in accorda	nco with grant an	amont and appre	isto hudgot modification -	acadurar Braces
CEO PROGRAM CERTIFICATION: rogram Manager has reviewed the report and supporting docum	mentation for any major discrepancies and/o	or unusual items. A	All budget items	are in accorda	nce with grant agre	ement and appropri	iate budget modification p	rocedures. Program
CEO PROGRAM CERTIFICATION:	nentation for any major discrepancies and/o	or unusual items. A	All budget items	are in accorda	nce with grant agre	ement and appropri	iate budget modification p	rocedures. Program
CEO PROGRAM CERTIFICATION: rogram Manager has reviewed the report and supporting docum	nentation for any major discrepancies and/o	or unusual items. A	All budget items	are in accorda	nce with grant agre	ement and appropr	iate budget modification p	rocedures. Progra
CEO PROGRAM CERTIFICATION: rogram Manager has reviewed the report and supporting docum	nentation for any major discrepancies and/o	or unusual items. A	All budget items	are in accorda	nce with grant agre	ement and appropri	iate budget modification p	rocedures. Program

Grant Number:	12-661005	Grantee Name:		Kane County			Report Period	From	7/1/2013 To	9/30/201
		D	epartment of Co	mmerce and E Grantee Rep		pportunity	<u></u>			
				<u> </u>				· · · · · · · · · · · · · · · · · · ·		
Grant Number:	12-661005		. ·		Check box if	this is the fin	al report			
Brantee Name:	Kane County		1				in ceptore			
CEO Program Name:	Trade Adjustment Assistan		4							
eport Period		3 To: 9/30/2013	4							
repared By:	Maria Luisa Gonzalez		-							
ontact Phone Number/Email:	(630)208-1644/GonzalezM	aria@co.kane.il.us	4							
oate Prepared:	10/29/13									
Check box to indicate if GRS has	÷ .	Check box if anot	ner system has been i	updated with			Check box if another sys	em has been	updated with	
and the second		information requ	uired to complete Sec	tion II - Key			information required to co	mplete Sectio	n III - Job Count	
been updated with information	- 1865	Deliverables/Task I	ems/Performance M	leasurement, if		I	Certification, if applicable	to grant. If b	ox is checked,	
required to complete Section I	MA 21	applicable to grant. It	box is checked, deta	iled information			detailed information in no	required in S	ection III of this	
xpenditure Reporting, if applical		in not requi	red in Section II of thi	is form.			fe	rm.		
to grant. If box is checked, detail information is not required in		tava lie etcoibal	ems updated to mee	trenorting			Indicate all systems up	and to mae	at reporting	
Section I of this form,	27	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rements for Section 1	1. S				s for Section I		
Section For this form.			icilies for section i				requirement	STORUSECTION		
					1					
heck box to indicate if there is n	o change in Section I -	No changes	from prior reporting	perioa						
xpenditure reporting, and leave	Section I blank	19 1								
		*								
Check box to indicate if there is n		No changes	from prior reporting	period						
Deliverables/Task Items/Perform	ance Measure reporting, and	· ·								
eave Section II blank			·							
Check box to indicate if there is n	e change in Section III Job	No changes	from prior reporting	period						
Count Certification reporting, and			0							
source entreactor reporting, and	neave section in Diana	<u> </u>								
				•						
			SECTION I:	EXPENDITUR	E REPORTI	NG				
Subpart A: GRANT AMOUNT										
1	2		3	4	5	· 6	7		8	
					Current	Total Grant				
and the second			DCEO Budget	Previously	Reporting	Expense to	Amount of Accruais		nentation included with	
Cost Category Number	Cost Category	Description	Amount	Reported	Period	Date	included in Column 5 (If		Amount (see guideline d	
				Expenses	Expenses	(4+5)	Applicable)	explain any	adjustments from prior	reporting periods
										4.3
See GRS			<u></u>			\$0.00		See Trial Bala	ance	<u>.</u>
			·	<u> </u>		\$0.00				
·····				<u> </u>		\$0.00				
						\$0.00				
4		· · · · · · · · · · · · · · · · · · ·	1			\$0.00		<u> </u>		······
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>		\$0.00		<u> </u>		
				┣━━━━━┥		\$0.00 \$0.00			······································	
		<u> </u>		╂		\$0.00		<u> </u>		
			+	 		\$0.00				
otal			\$0:00	\$0.00	\$0.00					
Utai.			ວຸບ.ບບ	10.00	30.00	<u>, 20.00</u>	30.00			_
ubpart B: MATCH AMOUNT if ap	nlicable									
1	2		3	4	5	6	7		8	·····

Grant Number:	12-661005	Grantee Name:	Kane County	Report Period	IFrom	7/1/2013 To	9/30/2013
Grane Hamber.	12-001005	Grantee mainer	Rane county	Incporci cilou		//1/2013	9/30/2013

Not applicable Agreement Explosion Sold Not applicable 1 1 50.00 1 Not applicable 1 1 50.00 1 Not applicable 1 1 0.002 1 1 1 0.002 1 0.002 1 1 0 0.002 1 0.002 1 1 1 0 0.002 1 0.002 1 1 1 1 1 0.002 1 1 1 0.002 1 1 1 0.002 1 1 1 0.002 1 1 0.002 1 1 0.002 1 1 0.002 1 1 0.002 1 1 0.002 1 1 0.002 1 1 0.000 1 0.000 1 0.000 1 0.000 1 0.000 1 0.000 1 0.000 1 0.000 1 0.000 1 0.000 1 0.000 1 0.000 1 0.000 1<	Cost Category Number listed in Grant Agreement Part I Budget	Cost Category Descripti Agreement Par		Matching Funds Requirement listed in Grant	Previously Reported Expenses	Current Reporting Period	Total Match Expense to Date (4+5)	Amount o included in (Applic	Column 5 (If	Expense An	ntation included with Report to Support nount (see guideline document) and/or djustments from prior reporting periods
Image: Solution of the soluti				Agreement		Expenses	(475)				
Image: Second	Not applicable						4				
Image: Stand Program Income See OIS Image: Stand Program Income See OIS Current Period Stand Program Income See OIS Current Period Stand Program Income See OIS See OIS See OIS											
Image: Source of Work Balverable, Task or Arthrity Hem 2 3 4 5 6 7 Scope of Work Balverable, Task or Arthrity Hem 2 3 4 5 6 7 Scope of Work Balverable, Task or Arthrity Hem 2 3 4 5 6 7 Scope of Work Balverable, Task or Arthrity Hem 2 3 4 5 6 7 Scope of Work Balverable, Task or Arthrity Hem 2 3 4 5 6 7 Scope of Work Balverable, Task or Arthrity Hem Required 3 4 5 6 7 Scope of Work Balverable, Task or Arthrity Hem 1 2 3 4 5 6 7 Scope of Work Balverable, Task or Arthrity Hem 1 2 3 4 5 6 7 Program Specific Reports and Schedules (fapplicable) 2 3 4 5 6 7 Scope of Work Balverable, Task or Arthrity Hem 2 3 4 5 6 7 Program Specific Reports and Schedules (fapplicable) 2 3 4 5 6 7 Program Specific Reports and Schedules (fapplicable) 2 3 4 5 6 7 <		······································					Contraction of the Contraction				
Image: Source of the second	, <u>, , , , , , , , , , , , , , , ,</u>	·					iniaration data data data data data data data dat		<u> </u>		
Image: Stand Program Indexine 2 3 4 5 Scope of Work (SOW) Items. 2 3 4 5 Scope of Work (SOW) Items. 2 3 4 5 Scope of Work (SOW) Items. 2 3 4 5 Scope of Work (SOW) Items. 2 3 4 5 Scope of Work (SOW) Items. 2 3 4 5 Scope of Work (SOW) Items. 2 3 4 5 Scope of Work (SOW) Items. 2 3 4 5 Scope of Work (SOW) Items. 2 3 4 5 Scope of Work (SOW) Items. 2 3 4 5 Scope of Work (SOW) Items. 2 3 4 5 Scope of Work (SOW) Items. 7 7 7 Scope of Work (SoW) Items. 7 7					·	ł					
init init<									<u> </u>		· · · ·
Ital Stope of Work (SOW) Items. Stope of Work (SOW) Items. 2 2 3 4 5 5 5 5 5 6 7 7 7 7 3 9 3 9 3 <	·····										
tal	······································										ter in the second se
bart C: GRANT FUNDS RECEIVED AND CASH REQUESTED 1 1 Previous Cash Requested + Previous Grant 3 4 5 Grant Amount Previous Cash Requested + Previous Grant Current Cash Request + Gurrent Grant Funds Received Remaining Grant Funds Grant Funds on Hand bpart D: GRANT PROGRAM INCOME or GRANT PROGRAM INTERST (if applicable) 5 5 6 7 Prior Earnings Balance Current Period Current Period Current Period Supporting Documentation/Explanation of Adjustment Grant Program Income See GRS 0 0 5 5 Frior Earnings Balance Current Period Current Period Current Period Supporting Documentation/Explanation of Adjustment Grant Program Income See GRS 0 0 5 Stopp of Work (SOW) Items. 5 5 6 7 Provide Explored Completion Date 4 5 6 7 Stopp of Work (SOW) Items. Planned Completion Date 7 Provide explanation of native of Deliverable/Task Status and Indicat Order of the completion on target to meet 0 1 0 Stopp of Work (SOW) Items. 1 2 3 4 5 6 7 Provide explanation of Adjustment Required Estinated % Completion 5 0							\$0.00				
1 Previous Cash Requested + Previous Grant 3 4 5 Grant Amount Previous Cash Requested + Previous Grant Current Cash Request + Current Grant Funds Received Remaining Grant Funds on Hand bpart D: GRANT PROGRAM INCOME or GRANT PROGRAM INTEREST (# applicable) 3 4 5 Prior Earnings Balance Current Period Current Period Current Famings Balance Supporting Documentation/Explanation of Adjustment Prior Earnings Balance Current Period Current Period Current Period Current (# 2-2) 3 4 5 Grant Program Income See GRS Current Period Current Period Current (# 2-2) Supporting Documentation/Explanation of Adjustment Brant A. Scope of Work (SOW) Items SECTION II: KEY DELIVERABLE/TASK ITEMS/PERFORMANCE MEASUREMENT Deliverbale, Task or Activity Item Privide End End Interest Scope of Work Deliverable, Task or Activity Item Required Estimated % Complete Provide explanation if missed Completion Date or if not Deliverbale/Task Bupart B. Program Specific Reports and Schedules (ff applicable) 2 3 4 5 Optimal B. Program Specific Reports and Schedules (ff applicable) Estimated 2 3 4 5 Optimal B. Program Specific Report/Schedule 1 2 3 5	tal	Sec.		\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		
1 Previous Cash Requested + Previous Grant 3 4 5 Grant Amount Previous Cash Requested + Previous Grant Current Cash Request + Current Grant Funds Received Remaining Grant Funds on Hand bpart D: GRANT PROGRAM INCOME or GRANT PROGRAM INTEREST (# applicable) 3 4 5 Prior Earnings Balance Current Period Current Period Current Famings Balance Supporting Documentation/Explanation of Adjustment Prior Earnings Balance Current Period Current Period Current Period Current (# 2-2) 3 4 5 Grant Program Income See GRS Current Period Current Period Current (# 2-2) Supporting Documentation/Explanation of Adjustment Brant A. Scope of Work (SOW) Items SECTION II: KEY DELIVERABLE/TASK ITEMS/PERFORMANCE MEASUREMENT Deliverbale, Task or Activity Item Privide End End Interest Scope of Work Deliverable, Task or Activity Item Required Estimated % Complete Provide explanation if missed Completion Date or if not Deliverbale/Task Bupart B. Program Specific Reports and Schedules (ff applicable) 2 3 4 5 Optimal B. Program Specific Reports and Schedules (ff applicable) Estimated 2 3 4 5 Optimal B. Program Specific Report/Schedule 1 2 3 5											
Grant Amount Previous Cash Requested + Previous Grant Euclids Received Current Cash Request + Current Grant Funds Received 50.00 Remaining Grant Funds Grant Funds on Hand 50.00 bpart D: GRANT PROGRAM INCOME or GRANT PROGRAM INTEREST (if applicable) 3 4 5 5 fright D: Grant Funds Balance Prior Earnings Balance Grant Program Income See GRS Current Period Ubisurements Current Panings Balance (1+2-3) Supporting Documentation/Explanation of Adjustment Grant Program Income See GRS Current Panings Balance (1+2-3) Supporting Documentation/Explanation of Adjustment Brown Income See GRS Attack Supporting Documentation/Explanation of Adjustment bpart A. Scope of Work (SOW) Items. Status and Indicat Provide explanation if missed Completion Date Provide Brown Paning Completion Date Provide explanation if missed Completion Date or find On the provide Brown Paning Completion Date Provide explanation if missed Completion Date or find Completion Date Provide explanation if missed Completion Date or find Completion Date Provide explanation if missed Completion Date or find Completion Date Deleterable/Task Status and Indicat Documentation included with Report Support Deliverable/Task bpart A. Scope of Work (SoW) tems. Image: Status and Indicat Date Image: Status and Indicat Date Image: Status and Indicat Date Ima		AND CASH REQUESTED	r						· · · · · · · · · · · · · · · · · · ·		-
Grant Amount Funds Received Current Cash Request & current Funds Received Remaining Grant Priors bpart D: GRANT PROGRAM INTEREST (if applicable) 1 2 3 4 5 Prior Earnings Balance Current Period Current Period Current Feriod Current Feriod Supporting Documentation/Explanation of Adjustment Grant Program income See GRS Exercities Build State Prior Earnings Balance Prior Ramings Balance Supporting Documentation/Explanation of Adjustment Brant A. Scope of Work (SOW) Items. Section III: KEY DELIVERABLE/TASK ITEMS/PERFORMANCE MEASUREMENT Section Prioride Earnings Balance 7 Scope of Work (SOW) Items. 2 3 4 5 6 7 Scope of Work (SOW) Items. 2 3 4 5 6 7 Deliverable/Task Status and Indice Origination Date or If not Deliverable/Task Status and Indice Origination Date or If not Deliverable/Task Status and Indice Origination Date or If not Deliverable/Task Status and Indice Origination Date or If not Deliverable/Task Status and Indice Origination Date or If not Deliverable/Task Status and Indice Origination Date or If not Deliverable/Task Status and Indice Origination Date or If not Deliverable/Task Status and Indice Origination Date or If not Deliverable/Task Status and Indice Orif Date or If not Deliverabl	-		-			-				• • · · · · · · · · · · · · · · · · · ·	5
S0.00 S0.00 bpart D: GRANT PROGRAM INCOME or GRANT PROGRAM INTEREST (if applicable) 1 2 3 4 5 Prior Earnings Balance Current Feriod Current Earnings Balance Supporting Documentation/Explanation of Adjustment Grant Program Income See GRS 0 1 5 Grant Program Income See GRS 0 0 Stopporting Documentation/Explanation of Adjustment 50.00 0 SECTION II: KEY DELIVERABLE/TASK ITEMS/PERFORMANCE MEASUREMENT bpart A. Scope of Work (SOW) Items. 1 2 3 4 5 SECTION II: KEY DELIVERABLE/TASK ITEMS/PERFORMANCE MEASUREMENT bpart A. Scope of Work (SOW) Items. 1 2 3 4 5 6 7 Section Date Scope of Work (SOW) Items. Completion Date Scope of Work Deliverable, Task or Activity Item Required Estimated % Complete Ombate Ontarget to meet Decimentation included with Aepon Support Deliverable/Task Status and Indicat e WDS 1 2 3 1 1 If support Deliverable/Task Date 1	Grant Amo	unt			Current Cash	Request + Curre	ent Grant Fund	Is Received	Remaining	Grant Funds	Grant Funds on Hand
bpart D: GRANT PROGRAM INCOME or GRANT PROGRAM INTEREST (if applicable) 1 2 3 4 5 Prior Earnings Balance Current Period Current Earnings Balance Supporting Documentation/Explanation of Adjustment Grant Program Income See GR5 Disbursements #VALUEI Supporting Documentation/Explanation of Adjustment Grant Program Income See GR5 Disbursements #VALUEI Supporting Documentation/Explanation of Adjustment Brant Program Inferest SECTION II: KEY DELIVERABLE/TASK ITEMS/PERFORMANCE MEASUREMENT Second of Work (SOW) Items. 7 Scope of Work (SOW) Items. 2 3 4 5 5 7 Scope of Work Oeliverable, Task or Activity Item Required Estimated % Complete Completion Date or if not Documentation if missed Completion Date or if not Documentation included with Real included with Second Date or if not Documentation included with Real included with Second Date or if not Documentation included with Real included with Second Date or if not Documentation included with Real include with Second Date or if not Documentation include with Real include with Second Date or if not Documentation included with Real include with		\$0.00		scelveu	223W					\$0.00	
1 2 3 4 5 Prior Earnings Balance Current Peniod Receipts Current Samings Balance (1+2-3) Supporting Documentation/Explanation of Adjustment Grant Program Income See GRS Matchesite 8VALUEI Grant Program Interest See GRS 8VALUEI Brant A. Scope of Work (SOW) Items. SECTION II: KEY DELIVERABLE/TASK ITEMS/PERFORMANCE MEASUREMENT Brant A. Scope of Work (SOW) Items. Panned Completion Date A Scope of Provide explanation if missed Completion Date or if not Deliverable, Task or Activity Item Panned Completion Date Actual Scope of Work Deliverable, Task or Activity Item Provide Estimated % Complete Ompletion Date Provide explanation if missed Completion Date or if not Deliverable/Task status and Indicates e IWDS Image: Ima									<u> </u>		L
1 2 3 4 5 Prior Earnings Balance Current Peniod Receipts Current Samings Balance (1+2-3) Supporting Documentation/Explanation of Adjustment Grant Program Income See GRS Matchesite 8VALUEI Grant Program Interest See GRS 8VALUEI Brant A. Scope of Work (SOW) Items. SECTION II: KEY DELIVERABLE/TASK ITEMS/PERFORMANCE MEASUREMENT Brant A. Scope of Work (SOW) Items. Panned Completion Date A Scope of Provide explanation if missed Completion Date or if not Deliverable, Task or Activity Item Panned Completion Date Actual Scope of Work Deliverable, Task or Activity Item Provide Estimated % Complete Ompletion Date Provide explanation if missed Completion Date or if not Deliverable/Task status and Indicates e IWDS Image: Ima	ibpart D: GRANT PROGRAM INCOM	ME or GRANT PROGRAM INTE	REST (if applicable)								
Prior Earnings Balance Receipts Disbursements (1+2+3) Supporting Documentation/explanation of Adjustment Grant Program Income See GRS I #VALUE! Image: Completion Compl				3	4	Ļ				5	
Grant Program Income See GRS Itexa 3 Grant Program Interest 9 8/0.00 Sec Trion II: KEY DELIVERABLE/TASK ITEMS/PERFORMANCE MEASUREMENT bpart A. Scope of Work (SOW) Items. 2 3 4 5 6 7 Planned Completion Date & Completion Date Actual Completion Date or if not included with Report Scope of Work Deliverable, Task or Activity Item. Provide Estimated % Complete Actual Completion Date or if not included with Report Scope of Work Deliverable, Task or Activity Item. Provide Estimated % Complete Actual Completion Date or if not included with Report Scope of Work Deliverable, Task or Activity Item. Provide Estimated % Complete Actual Completion Date or if not included with Report Scope of Work Deliverable, Task or Activity Item. Provide Estimated % Complete Actual Completion Date or if not included with Report Scope of Work Deliverable, Task or Activity Item. Provide Estimated % Complete or include the report Scope of Work Deliverable/ Task or Activity Item. e IWDS Image: Ima		Drive Forelage Deleges	Current Period	Current Period	Current Earn	ings Balance		Supp	arting Docume	ntation/Explor	ation of Adjustment
Grant Program Interest SECTION II: KEY DELIVERABLE/TASK ITEMS/PERFORMANCE MEASUREMENT Spart A. Scope of Work (SOW) Items. 7 1 2 3 4 5 6 7 Provide spletion Date Actual Provide explanation if missed Completion Date of the tot Deliverable/Task Status and Indiced with Report Deliverable/Task Status and Indiced with Report Scope of Work Deliverable, Task or Activity Item Required Estimated % Complete Completion Date Decimentation if missed Completion Date or if not Deliverable/Task Status and Indiced with Report 9 WDS Image: Deliverable and the provide explanation of the provide and the provide of the provide		Prior carnings balance	Receipts	Disbursements	(1+2	2-3)		Jupp		incation/Explai	autori of Aujustment
SECTION II: KEY DELIVERABLE/TASK ITEMS/PERFORMANCE MEASUREMENT bpart A. Scope of Work (SOW) Items. 1 2 3 4 5 6 7 Planned Completion Date Actual Provide explanation if missed Completion Date or if not Deliverable/Task Status and Indicat Completion Date or Indicat Completion Date Completion Date or Indicat Completion Date or Indicat Completion Date Comple	Grant Program Income	See GRS									
bpart A. Scope of Work (SOW) Items. 2 3 4 5 6 7 1 2 3 4 5 6 7 Scope of Work Deliverable, Task or Activity Item Planned Completion Date Actual Provide explanation if missed Completion Date or if not Deliverable/Task Status and Indicat Documentation included with Report 8 Required Estimated % Complete Provide explanation if missed Completion Date or if not Deliverable/Task Status and Indicat Documentation included with Report e IWDS	Grant Program Interest				\$0.	00					
bpart A. Scope of Work (SOW) Items. 2 3 4 5 6 7 1 2 3 4 5 6 7 Scope of Work Deliverable, Task or Activity Item Planned Completion Date Actual Provide explanation if missed Completion Date or if not Deliverable/Task Status and Indicat Documentation included with Report 8 Required Estimated % Complete Provide explanation if missed Completion Date or if not Deliverable/Task Status and Indicat Documentation included with Report e IWDS											
1234567Scope of Work Deliverable, Task or Activity ItemPlanned Completion Date RequiredKey and the planned Complete Scope of Work Deliverable, Task or Activity ItemProvide explanation if missed Completion Date or if not On target to meetProvide explanation if missed Completion Date or if not On target to meetProvide explanation if missed Completion Date or if not Decime and the planned Completion Date or if not Support Deliverable/Task Status and Indicat Documentation on target to meetProvide explanation if missed Completion Date or if not Support Deliverable/Task Status and Indicat Documentation on target to meetProvide explanation if missed Completion Date or if not Support Deliverable/Task Status and Indicat Documentation on target to meetProvide explanation if missed Completion Date or if not Support Deliverable/Task Support Deliverable/Taske IWDSImage: Completion DateImage: Completion DateImage: Completion DateImage: Completion Datee IWDSImage: Completion DateImage: Completion Date<			SECTION II: K		/TASK ITEMS	/PERFORMA	ANCE MEAS	UREMENT			
Planed Completion Date Actual Completion Date Provide explanation if missed Completion Date or if not on target to meet Provide Brief Narrative of Deliverable/Task Status and Indicat Completion Date e IWDS Image: Completion on target to meet Image: Completion on target to m	ubpart A. Scope of Work (SOW) Ite	ms.					· · · · · · · · · · · · · · · · · · ·				
Scope of Work Deliverable, Task or Activity Item Required Estimated % Complete Date Provide explanation if missed Completion Date or if not On target to meet Deliverable/Task Status and Indicat Documentation included with Report Support Deliverable/Task e IWDS				-	A STREET AND A STREET AND A STREET	5				A	· · ·
Scope of Work Deliverable, Task or Activity Item Required Estimated % Complete Date Completion Date Provide explanation if missed Completion Date or if not on target to meet Deliverable/Task status and indicat Documentation included with Report Support Deliverable/Task e IWDS			Planned Com	A state of the		Actual					■「あっ」という。 ないないではないないない ないない ないたい アリーション かくしょう いんかい シー・ト・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
Required Estimated Date Ontarget to meet Documentation include with Report e IWDS Image: Comean and the second secon	Scope of Work Deliverable,	Task or Activity Item		A STATE OF A	% Complete		Provide expl	1000 100 100 100 100 100 100 100 100 10		n Date or if not	
e IWDS			Required	C. (252)	- A.	Date		on targe	it to meet		
ibpart B. Program-Specific Reports and Schedules (if applicable) 1 2 3 Program Specific Report/Schedule Submittal Due Date If Submittal Due Date is not met/will not be met, please explain						1. All the second second		20			Support Deliverable/Task
1 2 3 Program Specific Report/Schedule Submittal Due Date If Submittal Due Date is not met/will not be met, please explain						<u> </u>	·				
1 2 3 Program Specific Report/Schedule Submittal Due Date If Submittal Due Date is not met/will not be met, please explain											·
1 2 3 Program Specific Report/Schedule Submittal Due Date If Submittal Due Date is not met/will not be met, please explain				<u> </u>	·····	1					· · · · · · · · · · · · · · · · · · ·
1 2 3 Program Specific Report/Schedule Submittal Due Date If Submittal Due Date is not met/will not be met, please explain						1	1				
1 2 3 Program Specific Report/Schedule Submittal Due Date If Submittal Due Date is not met/will not be met, please explain		····	-	-	-	-	-				
Program Specific Report/Schedule se splain Submittal Due Date is not met/will not be met, please explain	ubpart B. Program-Specific Reports	and Schedules (if applicable)			-		• • • • • • • • • • • • • • • • • • •				
Program Specific Report/Schedule		1			2	2					
		Program Specific Report/Scl	hedule		Submittal	Due Date		lf Submitt	al Due Date is	not met/will n	ot be met, please explain
		Not applicable									
											······
											······································
											······································

Grant Number:	12-661005	Grantee Name:	k	Kane County		Report Period	From	7/1/2013 To	9/30/2013
				c	6	7		0	

1	2	3	4	5	6		7			8 .		
Performance Measure (PM)	Target		Previous Actual	Current Actual	Actual to Date	If PM or t		is not met, ple	ase provide	Indicate De	ocumentation i	included with
i chomiunee measure (r m)	Required	Estimated	TTEVIOUS ACTUAL	Content Actual	(4+5)	12,490 	expla	anation		Report to	Support Attain	ment of PM
Not applicable					0							
					0							
					0							
					0							
•			<u> </u>		0 🖇							
			SECTION	II: Jobs Count	t Certificatic	n						
bpart A. Position Profiles and Assig	nment to Full Time Equivale	nt Category										
1	2	3	4	- 5	6	7	8	9	10	11	12	13
			4			Created Jobs -	FTE Category			Retained Jobs		y
Employer (Organization Name)	Position Title	Employee Name or	Position Start Date	Annualized	Permanent	Permanent	Temporary	Temporary	Permanent		Temporary	Temporal
employer (Organization realite)	- FUSICIUM FILIE	Payroll ID Number	Position Start Date	Wage	🗧 Full time	Part time	Full time	Part Time >	Full time	Part time	Full time	Part Tim
										L		
					ļ							
			ļ							1		
					Į							
										l		
										 	 	
											·	
								· · · · · · · · · · · · · · · · · · ·				
											<u> </u>	
otal		L	L		0	0	0	<u> </u>	0	0	* © 0	0
Jidi				21 A. 198	. (. U	J	U	Can Contract		1. 0	• •	U Kon U
Ibpart B. Job Counting Full Time Equ	inclast Cummon.											
1	avaletit Suthinary	2		3	4	5				5		
-				Previous	Current	Certified to		1.32 2.		Gen Chan		
Job Countin	IB	Projected Nun	nber in Grant	Certified	Certified	Date	Provide	explanation if	not met or not	on target to n	neet projected	d numbers
eated FTEs			<u></u>	Certificu	0	0						
				· · · · · · · · · · · ·	0	0						
				· · · · · · · · · · · · · · · · · · ·	0	0		······		·		
ermanent Full Time Retained	**************************************		- ·.		0	0						
	<u></u>				\$(
	ne Created											
verage Wage for Permanent Full Tin verage Wage for Permanent Full Tin					эц \$(<u></u>		

Subpart A: SUCCESS STORIES/ADDITIONAL ACTIVITIES ACCOMPLISHED

Grant Number:	12-661005	Grantee Name:	Kane County	Report Period	From	7/1/2013 To	9/30/2013
				,			
Subpart B: ADDITIONAL C	ONCERNS AND/OR FEEDBACK			· · · · · · · · · · · · · · · · · · ·			
	'						
					Í		
	Submit	Report to DCEO em	ail address or hard copy address	s listed in the Welco	me Package		
GRANTEE CERTIFICATION					·	<u></u>	· ·
			required system is accurate; that all expenditures f				
			e; and the individual submitting this report has full si				
of the Grant Agreement.	at the Department's approval for	any item or expenditure describe	d herein shall be considered conditional and subject t	o further review and verification	in accordance with the ivid	nitoring and Records Re	etention Sections
	1. 1	/					
	Vin P	<u>}</u>	Aboistad and Lauban	12 Auch	Al im	1-1-13	
		<u> </u>	Christopher Lauzen	Mane County	Chairman		
Grantee Signature			Name & Title	/		Date	
DCEO PROGRAM CERTIFIC		, dogumentation for any major di	screpancies and/or unusual items. All budget items a	to in proceedance with great and			
may sign below or capture		g documentation for any major dis	screpancies and/or unusual items. All budget items a	re in accordance with grant agre	ement and appropriate ou	aget modification proc	adures. Program
			1999 <u></u>				
DCEO Signature			Name & Title			Date	

Grant Number: 1	12-681005	Grantee Name:	<u></u>	Kane County			Report Period	From	7/1/2013 To	9/30/2
		De	partment of Co			portunity				
				Grantee Rep	ort					
Grant Number: 1	12-681005									
	Kane County				Check box if	this is the fin	al report			
a and a second	WIA Formula Youth - Adult -	Dislocated Worker				1711.12403880711	in a standard and a s	IJ		
	From: 7/1/13									
	Maria Luisa Gonzalez									
Contact Phone Number/Email: ((630)208-1644/GonzalezMa	ria@co.kane.il.us								
Date Prepared: 1	10/29/13									
Check box to Indicate if GRS has been updated with information required to complete <u>Section I -</u> <u>Expenditure Reporting</u> , if applicable to grant. If box is checked, detailed	2	Information requi Deliverables/Task Ite applicable to grant. If	2 Y 200 Y A A Y A A Y A Y A Y A Y A Y A Y A Y	<u>tion II - Key</u> <u>easurement</u> , if iled information	Illinois W		Check box if another syst Information required to co <u>Certification</u> , if applicable detailed information in not fo	mplete <u>Section III</u> to grant. If box is	- Job Count checked,] _
Information is not required in Section 1 of this form.			ms updated to mee ements for Section I		Developme (IW)	ent System	Indicaté all systems up requirement	dated to meet rep s for Section III	porting N	I/A
		No changes	from prior reporting	period						
Check box to indicate if there is no ch Expenditure Reporting, and leave Sec				<u></u>						
Check box to indicate if there is no ch	ange in Section II - Key	No changes	from prior reporting	period						
Deliverables/Task Items/Performance leave Section II blank			0	<u>*************************************</u>						
		No changes	from prior reporting	period						
Check box to indicate if there is no ch										
Count Certification Reporting, and lea	ive Section III Diank									
						_				
			SECTION I:	EXPENDITUR	E REPORTI	NG				
Subpart A: GRANT AMOUNT										
1	2		3	4	5	6	7		8	
Cost Category Number	Cost Category I	Description	DCEO Budget Amount	Previously Reported Expenses	Current Reporting Period Expenses	Total Grant Expense to Date (4+5)	Amount of Accruals included in Column 5 (If Applicable)	Expense Amo	ation included with Repor unt (see guideline docum ustments from prior repor	ent) and/o
See GRS						\$0.00		See Trial Balance		
						\$0.00				
						\$0.00				
						\$0.00				
						\$0.00			<u>.</u> .	
						\$0.00				
			1	L	· · · · · ·	\$0.00 \$0.00		i		
			· · · · · · · · · · · · · · · · · · ·							
						\$0.00				
			¢0.00		\$0.00	\$0.00 \$0.00				
fófal			\$0.00	\$0.00	\$0.00	\$0.00 \$0.00				
Fotal Subpart B: MATCH AMOUNT if applic			\$0.00	\$0.00	\$0.00	\$0.00 \$0.00				

Grant Number:	12-681005	Grantee Name:		Kane County			Report Period		From	7/1/2013 To	9/30/201
Cost Category Number listed in Grant Agreement Part I Budget	Cost Category Descript Agreement Par		Matching Funds Requirement listed in Grant Agreement	Previously Reported Expenses	Current Reporting Period Expenses	Total Match Expense to Date (4+5)	Amount of <i>I</i> included in Co Applical	lumn 5 (If	Expense An	ntation included with I nount (see guideline do djustments from prior	cument) and/or
Not Applicable	<u>in dia kana kana k</u> a ja			<u></u>		\$0.00	<u>en egy puij i i i i i i i i i i i i i i i i i i </u>			N. Martine and Strategy and Str	i di di seconda d
Not Applicable						\$0.00				·····	
						\$0.00				· · · · · · · · · · · · · · · · · · ·	
						\$0.00					· · · _ · · · · · · · · · · · · · · · ·
		······································				\$0.00					
						\$0.00					
						\$0.00					
						\$0.00					
·	· · · · · · · · · · · · · · · · · · ·					\$0.00					······································
otal	1		\$0.00	\$0.00	\$0.00	\$0.00 \$0.00		\$0.00		····	
Stal		<u>an an a</u>	Ş0.00	\$U.UU	J \$0.00	\$0.00		ŞU.UU			
ubpart C: GRANT FUNDS RECEIVED	AND CASH REQUESTED				·						
1		2			3		T		4	5	
and the second		Previous Cash Reques									
Grant Ame	ount	Funds R		Current Cash	Request + Curre	ent Grant Fund	Is Received	Remaining	Grant Funds	Grant Funds	on Hand
	\$0.00	See	GRS						#VALUE!		
ubpart D: GRANT PROGRAM INCO	ME or GRANT PROGRAM INTE			-							
	1	2	3	4			Children 4 2000 0000 1000 1000 1000 1000 1000 10		5		1
	Prior Earnings Balance	Current Period	Current Period	Current Earn	1		Support	ting Docum	entation/Explan	nation of Adjustment	
	Time Are well and	Receipts	Disbursements	(1+2		in a second				A STATE OF A STATE	
Grant Program Income	See GRS			#VAL							
Grant Program Interest				\$0.	00						
				TASK ITEMS							
		SECTION II. P		TASK TIENIS		ANCE WIEAS	OREIVIENI				
ubpart A. Scope of Work (SOW) Ite 1	ems.	2	3	4	5		6			7	
	an a		pletion Date	4	J Lagrand Maring M	X	U ANGLINGTON A	.2.1 (2013)		Provide Brief	
Scope of Work Deliverable,	Task or Activity Item	Required	Estimated	% Complete	Actual Completion Date	Provide expla	anation if missed on target (n Date or if not		atus and Indicate led with Report t
See IWD	DS										
	· · · · · · · · · · · · · · · · · · ·		ļ			ļ					
<u>.</u>											
	··· · ·	1			I	I					
ubpart B. Program-Specific Report	s and Schedules (if annlicable)										
appart b. Frogram-specific Report	1	L		2)				3		· · · · · · · · · · · · · · · · · · ·
	_	77. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			STORE AND A				Contra Management	a and the	
	Program Specific Report/Sc	hedule		Submittal	Due Date		If Submittal	Due Date is	not met/will n	ot be met, please expla	in <u>sea</u> rchailte
	Not Appliable	6 18 6 19 19 19 19 19 19 19 19 19 19 19 19 19	2017				MARKAN CONT.	<u>18 A. OLAD, N. 188</u>			19.5 No. 1 (1997)
						<u> </u>					
						1					

Grant Number:	12-681005	Grantee Name:	Kane County	Penert Deried	From	7/4/2012 To	0/20/2042
Grant Number.	12-001005	Contrace Marine.	Ikane County	Report Period	TELOIII	1 7/1/2013	9/30/2013
					<u> </u>	استعدم ومستعن المستعد والمستعد والمستعد والمستعد والمستعد والمستعد والمستعد والمستعد والمستعد والمستعد والمستع	

1	2	· 3	4	5	6			7			8		
	Target	t	N 11 Professioner	i dan at ing	Actual to Date	If PM or 1	target for PM	is not met, ple	ase provide				
Performance Measure (PM)	Required	Estimated	- Previous Actual	Current Actual	(4+5)			anation		10 A	Support Attain		
Not Applicable		Adalan a tha an ann an Anna Anna Anna A			0						• • • • • • • • • • • • • • • • • • •		
			-		0			V=P.8					
					0	~							
					Ō						· · · · · · · · · · · · · · · · · · ·		
					0								
	<u> </u>	1	·I.,	·				· · · · · · ·					
a + + a			SECTION	III: Jobs Coun	Cortificatio	2							
ort A. Desition Profiles and Assis	and to Full Time Ferringle	at Catagoni	SECTION	m. 3003 Court	t certificatio								
oart A. Position Profiles and Assig	nment to Full Time Equivale	nt Category	T	I	6	~			10		1 12		
1	2	3	4	5	6	7	8	9	10	11	12	13	
							- FTE Category				- FTE Categor		
mployer (Organization Name)	Position Title	Employee Name or	Position Start Date	Annualized	Permanent	Permanent	11111111111111111111111111111111111111	Temporary	Permanent	Permanent	1.20.0000000000000000000000000000000000	Temporan	
		Payroll ID Number		Wage	Full time	Part time	Full time	Part Time	Full time	Part time	Full time	Part Time	
on III Not Applicable to Workforc	e Investment Act Grants							ł					
··							<u> </u>	l					
							l					-	
			-					ł			ļ		
			1		l		ļ	┨─────			l		
								1					
		ļ											
			I				_	Į					
							ļ						
			L				·						
l set			2.		0	0	0	0	0	0	0	0	
part B. Job Counting Full Time Equ	uivalent Summary	····							<u> </u>				
1		2		3	4	5			E	j			
Job Counti	nø	Projected Nun	nber in Grant	Previous	Current	Certified to	Provide	explanation if	not met or not	on target to n	neet projecte	numbers	
				Certified	Certified	Date	. ioniae			on the set to	incer projecte.		
ted FTEs					0	0							
ined FTEs					0	0							
nanent Full Time Created					0	0							
nanent Full Time Retained					0	0							
age Wage for Permanent Full Tir	ne Created				\$0								
age Wage for Permanent Full Tir	ne Retained				\$0								
												-	
		SEC	TION IV: Success	Stories/Addi	tional Grante	e Feedbad	ck						
part A: SUCCESS STORIES/ADDITI													
part A. SUCCESS STURIES/ADDITI	UTAL ACTIVITIES ACCUIVIPLI	51120											
	• •												

Page 3 of 4

Grant Number:	12-681005	Grantee Name:	Kane County	Report Period	From	7/1/2013 To	9/30/2013
Subpart B: ADDITIONAL C	CONCERNS AND/OR FEEDBACK				· · · · ·		
					· · · ·		
· .							
	Submit	Benort to DCFO email	address or hard copy address	listed in the Welco	me Dackage		
GRANTEE CERTIFICATION		. Report to Deco emain	address of mard copy address	IISTCU III TIIC WEICU	ine i achage		
C	il Z	Y				11/1/2	013
		Y Christ	opher Lauzen, Chairman County Board			· · · ·	
	· *						
Grantee Signature			Name & Title			Date	
DCEO PROGRAM CERTIFIC							
Program Manager has rev may sign below or capture		g documentation for any major discrep	ancies and/or unusual items. All budget items are	e in accordance with grant agre	ement and appropriate	budget modification proces	dures. Program
Approval in e-Grants							
DCEO Signature			Name & Title			Date	

Grant Number:	13-681005	Grantee Name:		Kane County			Report Period	From	8/1/2013 To	9/30/2013
	<u></u>	D	epartment of Co	mmerce and I	conomic O	pportunity			<u> </u>	
				Grantee Rep						
Grant Number:	13-681005		1		Chack has 3	f this is the fin			7	
Grantee Name:	Kane County				Check box h	r this is the tin	анероп			
DCEO Program Name:	WIA Formula Youth - Adult	- Dislocated Worker						······································		
Report Period	From: 8/1/13	B To: 9/30/2013								
Prepared By:	Maria Luisa Gonzalez									
Contact Phone Number/Email:	(630)208-1644/GonzalezMa	ria@co.kane.il.us	ļ							
Date Prepared:	10/29/13		I							
Check box to indicate if GRS has been updated with information required to complete <u>Section I -</u> <u>Expenditure Reporting</u> , if applicable		information requ <u>Deliverables/Task It</u> applicable to grant. If	er system has been lired to complete <u>Sec</u> ems/Performance M box is checked, deta ed in Section II of thi	tion II - Key <u>easurement</u> , if iled information	Ø	3	Check box if another syst information required to co <u>Certification</u> , if applicable detailed information in not fo	mplete <u>Sectio</u> e to grant. If b	n III - Job Count ox is checked,	
to grant. If box is checked, detailed information is not required in Section I of this form.		Indicate all system	ems updated to mee rements for Section 1	t reporting	Illinois W Developme (IW		Indicate all systems up			N/A
Check box to indicate if there is no c <u>Expenditure Reporting</u> , and leave S		No changes	from prior reporting	period						
Check box to indicate if there is no o	change in Section II - Key	No changes	from prior reporting	period						
Deliverables/Task Items/Performan leave Section II blank										
Check box to indicate if there is no o <u>Count Certification Reporting</u> , and k		No changes	from prior reporting	period						
		4	·]			_		
Subpart A: GRANT AMOUNT			SECTION I:	EXPENDITUR	RE REPORTI	NG				*
	2		3	4	5	6	7	1	8	
Cost Category Number	Cost Category	Description	DCEO Budget Amount	Previously Reported Expenses	Current Reporting Period Expenses	Total Grant Expense to Date (4+5)	Amount of Accruais included in Column 5 (If Applicable)	Expense A	entation included with mount (see guideline o adjustments from prio	locument) and/or
See GRS			100 (C)			\$0.00		See Trial Bala	nce	
						\$0.00	··· <u></u> ·	1		- <u> </u>
· · · · · · · · · · · · · · · · · · ·						\$0.00	·····	1	······································	<u></u>
					1	\$0.00		<u> </u>		
						\$0.00				
						\$0.00				
						\$0.00				
						\$0.00				
						\$0.00				
						\$0.00				
Total			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
، Subpart B: MATCH AMOUNT if appl	licable									
1	2		3	4	5	6	7	T	8	
······································	+ <u> </u>		+			+	*	4		

ant Number:	13-681005	Grantee Name:		Kane County			Report Period		From	8/1/2013 To	9/30/2
Cost Category Number listed in Grant Agreement Part I Budget	Cost Category Descripti Agreement Par		Matching Funds Requirement listed in Grant Agreement	Previously Reported Expenses	Current Reporting Period Expenses	Total Match Expense to Date (4+5)	Amount of included in C Applica	olumn 5 (lf	Expense An	cumentation included with Report to Supp ise Amount (see guideline document) and, any adjustments from prior reporting peri	
Not Applicable						\$0.00					
	······································				1	\$0.00					
						\$0.00					
· · · · · · · · · · · · · · · · · · ·					ļ	\$0.00					
						\$0.00					
			<u>.</u>	<u> </u>	 	\$0.00 \$0.00				·····	
				<u> </u>	<u> </u>	\$0.00					
	······································					\$0.00				· · · · ·	
			1			\$0.00					
tal			\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			
bpart C: GRANT FUNDS RECEIVED	AND CASH REQUESTED	2		1	2				4	J	
1		2 Previous Cash Reques			3			22.1		5	
Grant Amou	unt	Funds Regues		Current Cash	Request + Curr	ent Grant Fund	Is Received	Remaining	Grant Funds	Grant Fund	s on Hand
Contraction of the second second	\$0.00	See (#VALUE!		
bpart D: GRANT PROGRAM INCOM	IE or GRANT PROGRAM INTE										
	1	2	3	4				X824.451	5	·······	10. 10 PT0000000111 127-12
	Prior Earnings Balance	Current Period	Current Period	Current Earn			Suppor	rting Docum	entation/Explar	nation of Adjustment	
Grant Program Income	See GRS	Receipts	Disbursements	(1+: #VAI	1	2000 - 2000		station Sector			States (Sec. 2)
Grant Program Interest	366.042			#VAI \$0.			•				
CrancertoBranchitercore				<u> </u>							
		SECTION II: K	EY DELIVERABLE	/TASK ITEMS	/PERFORMA	ANCE MEAS	UREMENT				
bpart A. Scope of Work (SOW) Iten	ns.										
1		2	3	4	5		6	5		7	
		Planned Com	pletion Date		Actual	2 C C C C C C C C C C C C C C C C C C C				NANYANA ANA ANA ANA ANA ANA ANA ANA ANA	Narrative of
Scope of Work Deliverable, T		Required	Estimated	% Complete	Completion Date	Provide expl		d Completio 1 to meet	n Date or if not	Deliverable/Task Si Documentation inclu Support Deliv	ded with Repor
See IWDS)	· · · · · ·	+								
	······································		+								
										1	
							······				
bpart B. Program-Specific Reports	and Schedules (if applicable)										
a second and the second se	1		AND STREET, ST	2	2				3		
	Program Specific Report/Sch	edule		Submittal	Due Date		If Submitta	l Due Date is	not met/will n	ot be met, please expl	ain
	Net Applicate			N25-521		<u>्रिक्टिल</u>					
				L							
	Not Appliable										

Grant Number:	13-681005	Grantee Name:		Kane County			Report Period	d	From	8/1/2013	То	9/30/2013
1	2	3	4	5	6			7 ·		1	8	
Performance Measure (PM)	Targe	t interaction and the	Previous Actual	Current Actual	Actual to Date	If PM or	target for PM	is not met, ple	ase provide	Indicate D	ocumentation	included with
	Required	Estimated	Previous Actual		(4+5)		expl	anation		Report to	Support Attain	nment of PM
Not Applicable					0							
				<u> </u>	0							
					0			••••••		+		
					0							
					0	1				<u> </u>		
			SECTION	III: Jobs Coun	t Cortificatio							
Subpart A. Position Profiles and Ass	ignment to Full Time Fourvale	ent Category	JECHON	111. JODS COUIT	it certificatio							/
	T	T		T	6	7	8	9	10	11	12	13
1	2	3	4	5		Created Jobs	- FTE Category					ry
Construct (Orecostruction at a state	Position Title	Employee Name or	Desiries Charles	Annualized	Permanent	Permanent	Temporary		Permanent	Permanent	Temporary	Temporary
Employer (Organization Name)		Payroll ID Number	Position Start Date	Wage	Full time	Part time	Full time	Part Time	Full time	Part time	Full time	Part Time
Section III Not Applicable to Workfor	ce Investment Act Grants									_	<u> </u>	
					-	<u> </u>			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
										───	+	<u> </u>
						<u> </u>	 			+		<u> </u>
		<u> </u>					<u> </u>			 	<u>+</u>	<u> </u>
·····		<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1	<u> </u>		1		<u>}</u>		╂─────
					1			1		+	+	ł
					1			1				<u> </u>
· · · · · · · · · · · · · · · · · · ·					1	1		1		1		
							·····		·	<u> </u>	<u> </u>	
								2 (m	Outors where the second			
Total					0	0	0	0	0	0	0	0
Subpart B. Job Counting Full Time Ed	uivalant Summany											
1	auraient Summary	2	·····	3	4	5	{			6		<u></u>
				Previous	Current	Certified to	A. (1982) (1974)					
Job Count	ling	Projected Nun	nber in Grant	Certified	Certified	Date	Provide	explanation if	not met or not	on target to n	neet projecte	d numbers
Created FTEs					0	0						
Retained FTEs					-0	0						
					0	0						
Permanent Full Time Retained					0	0						
Average Wage for Permanent Full T					\$0	2						
Average Wage for Permanent Full T	ime Retained				\$0)						
			TION IV: Success	Stories/Addi	tional Grant	ee Feedba	CK .			<u> </u>		
Subpart A: SUCCESS STORIES/ADDIT	IONAL ACTIVITIES ACCOMPLI	ISHED							·····			
					· · · ·	· · ·	· •.					
												l
												l
										1		ļ

Grant Number:	13-681005	Grantee Name:	Kane County	Report Period	From	8/1/2013 To	9/30/2013
· · · ·						•	
Subpart B: ADDITIONAL C	ONCERNS AND/OR FEEDBACK	· · · · · · · · · · · · · · · · · · ·					
				• •			
}							I.
		•					
	Submi	t Report to DCEO email	address or hard copy a	ddress listed in the Welco	me Package		
GRANTEE CERTIFICATION:		~	<u> </u>		· ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>
		6					
(the C	tay-				11-1-2	2017
		()	topher Lauzen, Chairman County Boar	4			/ 0
		CIIIS	topher Lauzen, Chairman County boar	u			
Grantee Signature			Name & Title			Date	
DCEO PROGRAM CERTIFIC	CATION:			······································		Date	
		g documentation for any major discrep	ancies and/or unusual items. All budg	et items are in accordance with grant agre	ement and appropria	e budget modification pro	cedures. Program
may sign below or capture	approval in e-Grants.	and a second					
Approval in e-Grants							
DCEO Signature			Name & Title			Date	
<u>~</u>				· · · · · · · · · · · · · · · · · · ·			