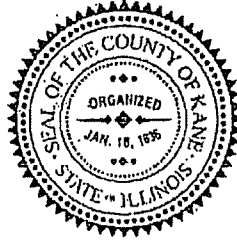


COUNTY OF KANE

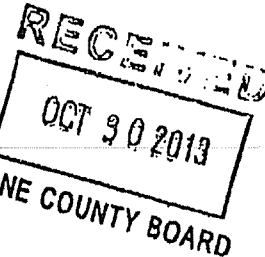
Christopher J. Lauzen
Kane County Board Chairman



Kane County Government Center
719 South Batavia Avenue
Geneva, IL 60134
P: (630) 232-5930
F: (630) 232-9188
clauzen@kanecoboard.org
www.countyofkane.org

DOCUMENT VET SHEET

for
Christopher J. Lauzen
Chairman, Kane County Board



Name of Document: Financial and Program Grant Status Reports

Resolution No.: 13-223

WIA and Trade Adjustment Assistance Programs

Submitted by: Maria Luisa Gonzalez X81644

Dept. Head Signature: [Signature]

Date Submitted: October 30, 2013

Dept. Head Sign-off Date: 10-30-13

Examined by: Joseph L. Lyles
(Print name)

[Signature]
(Signature)

10-30-13
(Date)

Post on the Web: YES ☒ NO ☐ Atty. Initials: [Initials]

Comments: Attached are six (6) quarterly reports required by the Department of Commerce and Economic Opportunity (DCEO) that detail the financial and programmatic status of the WIA and Trade grant funds currently being delivered to the three county service region of Kane, Kendall and DeKalb.

Chairman signed: YES ☒ NO ☐ 11-4-2013
(Date)

Document returned to: Maria Gonzalez
(Name/Department)

STATE OF ILLINOIS

COUNTY OF KANE

RESOLUTION NO. 13 - 223

**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.

PROGRAM YEAR 2013 ADULT/DISLOCATED WORKER SUBRECIPIENTS

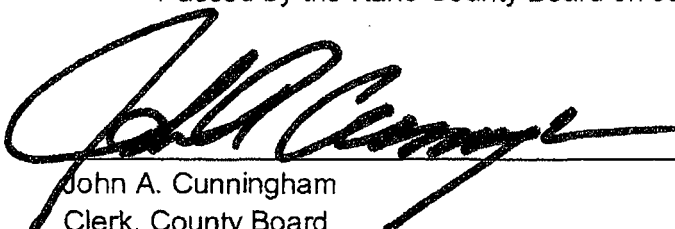
Subrecipient Name	Activity	Max. Amount
First Institute Training & Management	Deliver workforce services in DeKalb County to prepare eligible job seekers for employment and to provide employers access to grant dollars.	\$528,955.00
Kishwaukee College	Provide resources to support job seekers in gaining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

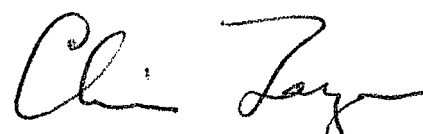
PROGRAM YEAR 2013 YOUTH SERVICES SUBRECIPIENTS

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 remediation, mentoring and supervised work experience opportunities.	\$182,810.00
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
Waubensee Community College	Career counseling and training with academic support and tutoring.	\$198,167.00
Total		\$1,419,083.00

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


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

Vote:

Yes 22
 No 0
 Voice 0
 Abstentions 0

7BGDT-WorkforceInvestActAgts

**Department of Commerce and Economic Opportunity
Financial Status Report**

Grantee:	Kane County
Grant Number:	11-661005
DCEO Program Name:	Trade Payment Processing
Report Period:	From: 07/01/13 To: 09/30/13
Prepared By:	Maria Luisa Gonzalez
Contact Number/Email:	630-208-1644 GonzalezMaria@co.kane.il.us
Date Prepared:	10/29/2013

Send Report to DCEO email address or hard copy address listed below:
Email: <u>Crystal.Bigelow@illinois.gov</u>
11-661005

Check box if this is the final report.	
Check box if GRS (Grantee Reporting System) has been updated with current information if applicable to grant. If checked, detailed information is not required in this report.	X
Check box if there is no change in the reporting information for this reporting period.	

SECTION I: EXPENDITURE REPORTING

Subpart A: GRANT AMOUNT

		1	2	3	4	5	6
Cost Category Number	Cost Category Description (Specific)	Current Approved Budget	Previously Reported Expenses	Current Reporting Period Expenses	Total Grant Expense to Date (2+3)	Amount of Accruals included in Column 3 (If Applicable)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
Not Applicable					\$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 applicable

		1	2	3	4	5	
Cost Category Number	Cost Category Description (Specific)	Current Approved Budget	Previously Reported Expenses	Current Reporting Period Expenses	Total Match Expense to Date (2+3)	Amount of Accruals included in Column 3 (If Applicable)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
Not Applicable					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

SECTION II: CASH REQUESTED OR GRANT FUNDS RECEIVED


1	2	3	4	5
Grant Amount Not Applicable	Previous Cash Requested or Grant Funds Received	Current Cash Request or Grant Funds Received	Remaining Grant Funds [1-(2+3)]	Grant Funds on Hand
			#VALUE!	
			\$0.00	
			\$0.00	
			\$0.00	

SECTION III: INTEREST INCOME or GRANT PROGRAM INCOME if applicable

	1	2	3	4	6
	Prior Earnings Balance	Current Period Receipts	Current Period Disbursements	Current Earnings Balance (1+2-3)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
Grant Program Income	Not Applicable			#VALUE!	
Grant Program Interest	Not Applicable			#VALUE!	

GRANTEE CERTIFICATION:

Grantee certifies that all expenditures from these project funds are for approved project costs only; supporting documentation has been submitted as required by the Program; all supporting documentation is on file with the Grantee and the individual submitting report has full signature authority to sign on behalf of this Grantee as previously identified to the Department. The Grantee acknowledges that the Department's approval for any expenditure described herein shall be considered conditional and subject to further review and verification in accordance with Monitoring and Records Retention Sections of the Grant Agreement.

Signature 

Christopher Lauzen, Chairman County Board

Name & Title

11-1-13
Date

PROGRAM CERTIFICATION:

Program Manager has reviewed the report and supporting documentation for any major discrepancies and/or unusual items. All budget items are in accordance with grant agreement and appropriate budget modification procedures. Program may sign below or capture approval in e-Grants.

Signature

Name & Title

Date

For Program Use on Review Process

**Department of Commerce and Economic Opportunity
Project Status Report**

Grantee:	Kane County	
Grant Number:	11-661005	
DCEO Program Name:	Trade Payment Processing	
Report Period:	From: 07/01/13	To: 09/30/13
Prepared By:	Maria Luisa Gonzalez	
Contact Number/Email:	(630)208-1644/GonzalezMaria@co.kane.il.us	
Date Prepared:	10/29/2013	

Send Report to DCEO email address or hard copy address listed below:	
Email:	Crystal.Bigelow@illinois.gov
11-661005	

Check box if this is the final report:	<input type="checkbox"/>
---	--------------------------

Check box if another DCEO reporting system has been updated with current information, if applicable to grant. If checked, detailed information is not required in this report.	X
---	----------

Indicate all systems updated to meet reporting requirements (i.e. eGrants, etc.):	Illinois Workforce Development System (IWDS)/Illinois workNet (IWTS)
Indicate which reporting requirements are met (i.e. ARRA Section 1512):	Participant Reporting

SECTION I: KEY DELIVERABLE or TASK ITEMS

I.A. Complete this section with each required item from the Scope of Work (SOW).

Statement of Work Deliverable, Task or Activity Item	Planned Completion Date (PCD)		% Complete	Actual Completion Date (ACD)	Provide explanation if missed Completion Date or if not on target to meet	Provide Brief Narrative of Deliverable/Task Status and Indicate Documentation included with Report to Support Deliverable/Task
	Required	Estimated				
Not Applicable						

I.B. Complete this section with all required program specific reports and schedules.

Program Specific Report/Schedule	Submittal Date (SD)		Provide explanation if missed Submittal Date or if not on target to meet
	Required	Estimated	
Not Applicable			

SECTION II: PERFORMANCE MEASUREMENT REPORTING**II.A. Complete this section with each performance measurement.**

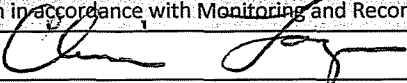
Performance Measure (PM)	Target		Previous Actual	Current Actual	Actual to Date	Provide explanation if not met or not on target to meet	Indicate Documentation included with Report to Support Attainment of PM
	Required	Estimated					
Not Applicable					0		
					0		
					0		

II.B. Complete this section with number of jobs created and/or retained as a result of this grant (if applicable).

Jobs Created	Target		Previous Actual	Current Actual	Actual to Date	Provide explanation if not met or not on target to meet	Indicate Documentation included with Report to
	Required	Estimated					
Jobs Created - Not Applicable					0		
Jobs Retained - Not Applicable					0		

SECTION III: SUCCESS STORIES/ADDITIONAL ACTIVITIES ACCOMPLISHED**SECTION IV: ADDITIONAL CONCERNS AND/OR FEEDBACK**

GRANTEE CERTIFICATION: Grantee certifies that all information reported to DCEO on this form and in any required systems is accurate; supporting documentation has been submitted as required by Program; all supporting documentation is on file with the grantee and individual submitting report has full signature authority to sign on behalf of this grantee as previously identified to the Department. The Grantee acknowledges that the Department's approval for any item described herein shall be considered conditional and subject to further review and verification in accordance with Monitoring and Records Retention Sections of the Grant Agreement.

	Christopher Lauzen, Chairman County Board	11-1-13
Signature	Name & Title	Date

PROGRAM CERTIFICATION: Program has reviewed the report and supporting documentation for any major discrepancies and/or unusual items. Program may sign below or capture approval in e-Grants.

_____	_____	_____
Signature	Name & Title	Date

For Program Use on Review Process:

**Department of Commerce and Economic Opportunity
Grantee Report**

Grant Number:	12-654005
Grantee Name:	Kane County
DCEO Program Name:	WIA RR - Innovative Projects
Report Period	From: 7/1/13 To: 9/30/2013
Prepared By:	Renee Thompson
Contact Phone Number/Email:	(630)208-1486 / reneethompson@kcdee.org
Date Prepared:	10/30/13

Check box if this is the final report

☐

Check box to indicate if GRS has been updated with information required to complete Section I - Expenditure Reporting, if applicable to grant. If box is checked, detailed information is not required in Section I of this form.	<input checked="" type="checkbox"/>	Check box if another system has been updated with information required to complete Section II - Key Deliverables/Task Items/Performance Measurement, if applicable to grant. If box is checked, detailed information is not required in Section II of this form.	<input type="checkbox"/>	Check box if another system has been updated with information required to complete Section III - Job Count Certification, if applicable to grant. If box is checked, detailed information is not required in Section III of this form.	<input checked="" type="checkbox"/>
		Indicate all systems updated to meet reporting requirements for Section II		Indicate all systems updated to meet reporting requirements for Section III	N/A

Check box to indicate if there is no change in Section I - Expenditure Reporting, and leave Section I blank	No changes from prior reporting period
	<input type="checkbox"/>
Check box to indicate if there is no change in Section II - Key Deliverables/Task Items/Performance Measure Reporting, and leave Section II blank	No changes from prior reporting period
	<input type="checkbox"/>
Check box to indicate if there is no change in Section III - Job Count Certification Reporting, and leave Section III blank	No changes from prior reporting period
	<input checked="" type="checkbox"/>

SECTION I: EXPENDITURE REPORTING

Subpart A: GRANT AMOUNT

1	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)	List Documentation Included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
-- Use GRS --	-- Use GRS --	-- Use GRS --	-- Use GRS --	-- Use GRS --	#VALUE!	-- Use GRS --	-- Use Trial Balance --
					\$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		
					\$0.00		
Total		\$0.00	\$0.00	\$0.00	#VALUE!	\$0.00	

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

Subpart B: MATCH AMOUNT if applicable

1	2	3	4	5	6	7	8
Cost Category Number listed in Grant Agreement Part I Budget	Cost Category Description listed in Grant Agreement Part I Budget	Matching Funds Requirement listed in Grant Agreement	Previously Reported Expenses	Current Reporting Period Expenses	Total Match Expense to Date (4+5)	Amount of Accruals included in Column 5 (if Applicable)	List Documentation Included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
					\$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	\$0.00	\$0.00	

Subpart C: GRANT FUNDS RECEIVED AND CASH REQUESTED

1	2	3	4	5
Grant Amount	Previous Cash Requested + Previous Grant Funds Received	Current Cash Request + Current Grant Funds Received	Remaining Grant Funds	Grant Funds on Hand
\$0.00	-- Use GRS --	-- Use GRS --	#VALUE!	-- Use GRS --

Subpart D: GRANT PROGRAM INCOME or GRANT PROGRAM INTEREST (if applicable)

1	2	3	4	5
Prior Earnings Balance	Current Period Receipts	Current Period Disbursements	Current Earnings Balance (1+2-3)	Supporting Documentation/Explanation of Adjustment
-- Use GRS --	-- Use GRS --	-- Use GRS --	#VALUE!	-- Use GRS --
Grant Program Income			\$0.00	
Grant Program Interest				

SECTION II: KEY DELIVERABLE/TASK ITEMS/PERFORMANCE MEASUREMENT
Subpart A. Scope of Work (SOW) Items.

1	2	3	4	5	6	7
Scope of Work Deliverable, Task or Activity Item -- INSERT ADDITIONAL ROWS IF NECESSARY TO LIST MORE THAN 5 TASKS --	Planned Completion Date		% Complete	Actual Completion Date	Provide explanation if missed Completion Date or if not on target to meet	Provide Brief Narrative of Deliverable/Task Status and Indicate Documentation included with Report to Support Deliverable/Task
	Required	Estimated				
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 assesment 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.

Task 3 - Grantee will facilitate wage reimbursements to hiring employers.	12/31/2014		0%			N/A
Task 4 - Grantee will enter all client training data into IWDS.	12/31/2014		0%			N/A
Task 5 - Grantee will report costs on a monthly basis and before the 20th of each month.	12/31/2014		0%			No costs charged to the grant July through September 2013.

1	2	3
Program Specific Report/Schedule	Submittal Due Date	If Submittal Due Date is not met/will not be met, please explain
-- Not Applicable --	-- Not Applicable --	-- Not Applicable --

1	2	3	4	5	6	7	8
Performance Measure (PM)	Target		Previous Actual	Current Actual	Actual to Date (4+5)	If PM or target for PM is not met, please provide explanation	Indicate Documentation included with Report to Support Attainment of PM
	Required	Estimated					
-- 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 IWDS or IWTS --	-- Use IWDS or IWTS --
					0		
					0		

Subpart A. Position Profiles and Assignment to Full Time Equivalent Category

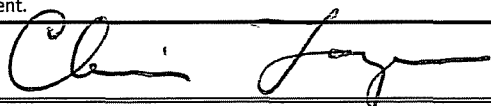
1	2	3	4	5	6	7	8	9	10	11	12	13
Employer (Organization Name)	Position Title	Employee Name or Payroll ID Number	Position Start Date	Annualized Wage	Created Jobs - FTE Category				Retained Jobs - FTE Category			
					Permanent Full time	Permanent Part time	Temporary Full time	Temporary Part Time	Permanent Full time	Permanent Part time	Temporary Full time	Temporary Part Time
Section III -- Not Applicable to Workforce Investment Act Grants -----												
Total					0	0	0	0	0	0	0	0

Subpart B. Job Counting Full Time Equivalent Summary

1	2	3	4	5	6
Job Counting	Projected Number in Grant	Previous Certified	Current Certified	Certified to Date	Provide explanation if not met or not on target to meet projected numbers
Created FTEs	-- Not Applicable --	-- N/A --	0	#VALUE!	-- Not Applicable --
Retained FTEs			0	0	
Permanent Full Time Created			0	0	
Permanent Full Time Retained			0	0	
Average Wage for Permanent Full Time Created			\$0		
Average Wage for Permanent Full Time Retained			\$0		

SECTION IV: Success Stories/Additional Grantee Feedback
Subpart A: SUCCESS STORIES/ADDITIONAL ACTIVITIES ACCOMPLISHED
Subpart B: ADDITIONAL CONCERNS AND/OR FEEDBACK
Submit Report to DCEO email address or hard copy address listed in the Welcome Package
GRANTEE CERTIFICATION:

Grantee certifies that all information reported to the Department on this form and in any required system is accurate; that all expenditures from these project funds are for approved project costs only; supporting documentation has been submitted as required by Program; all supporting documentation is on file with the Grantee; and the individual submitting this report has full signature authority to sign on behalf of the Grantee as previously identified to the Department. The Grantee acknowledges that the Department's approval for any item or expenditure described herein shall be considered conditional and subject to further review and verification in accordance with the Monitoring and Records Retention Sections of the Grant Agreement.


Christopher Lauzen, Chairman County Board

12-1-13

Grantee Signature

Name & Title

Date

DCEO PROGRAM CERTIFICATION:

Program Manager has reviewed the report and supporting documentation for any major discrepancies and/or unusual items. All budget items are in accordance with grant agreement and appropriate budget modification procedures. Program may sign below or capture approval in e-Grants.

DCEO Signature

Name & Title

Date

**Department of Commerce and Economic Opportunity
Grantee Report**

Grant Number:	12-661005
Grantee Name:	Kane County
DCEO Program Name:	Trade Adjustment Assistance
Report Period	From: 7/1/13 To: 9/30/2013
Prepared By:	Maria Luisa Gonzalez
Contact Phone Number/Email:	(630)208-1644/GonzalezMaria@co.kane.il.us
Date Prepared:	10/29/13

Check box if this is the final report

☐

Check box to indicate if GRS has been updated with information required to complete Section I - Expenditure Reporting, if applicable to grant. If box is checked, detailed information is not required in Section I of this form.	<input checked="" type="checkbox"/>	Check box if another system has been updated with information required to complete Section II - Key Deliverables/Task Items/Performance Measurement, if applicable to grant. If box is checked, detailed information is not required in Section II of this form.	<input checked="" type="checkbox"/>	Check box if another system has been updated with information required to complete Section III - Job Count Certification, if applicable to grant. If box is checked, detailed information is not required in Section III of this form.	<input type="checkbox"/>
	Indicate all systems updated to meet reporting requirements for Section II		Indicate all systems updated to meet reporting requirements for Section III		

Check box to indicate if there is no change in Section I - Expenditure reporting, and leave Section I blank	No changes from prior reporting period
	<input type="checkbox"/>
Check box to indicate if there is no change in Section II - Key Deliverables/Task Items/Performance Measure reporting, and leave Section II blank	No changes from prior reporting period
	<input type="checkbox"/>
Check box to indicate if there is no change in Section III - Job Count Certification reporting, and leave Section III blank	No changes from prior reporting period
	<input type="checkbox"/>

SECTION I: EXPENDITURE REPORTING

Subpart A: GRANT AMOUNT

1	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)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
See GRS					\$0.00		See Trial Balance
					\$0.00		
					\$0.00		
					\$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 applicable

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

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

Cost Category Number listed in Grant Agreement Part I Budget	Cost Category Description listed in Grant Agreement Part I Budget	Matching Funds Requirement listed in Grant Agreement	Previously Reported Expenses	Current Reporting Period Expenses	Total Match Expense to Date (4+5)	Amount of Accruals included in Column 5 (if Applicable)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
Not applicable					\$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	\$0.00	\$0.00	

Subpart C: GRANT FUNDS RECEIVED AND CASH REQUESTED

1	2	3	4	5
Grant Amount	Previous Cash Requested + Previous Grant Funds Received	Current Cash Request + Current Grant Funds Received	Remaining Grant Funds	Grant Funds on Hand
\$0.00			\$0.00	

Subpart D: GRANT PROGRAM INCOME or GRANT PROGRAM INTEREST (if applicable)

	1	2	3	4	5
	Prior Earnings Balance	Current Period Receipts	Current Period Disbursements	Current Earnings Balance (1+2-3)	Supporting Documentation/Explanation of Adjustment
Grant Program Income	See GRS			#VALUE!	
Grant Program Interest				\$0.00	

SECTION II: KEY DELIVERABLE/TASK ITEMS/PERFORMANCE MEASUREMENT

Subpart A. Scope of Work (SOW) Items.

1	2	3	4	5	6	7
Scope of Work Deliverable, Task or Activity Item	Planned Completion Date		% Complete	Actual Completion Date	Provide explanation if missed Completion Date or if not on target to meet	Provide Brief Narrative of Deliverable/Task Status and Indicate Documentation included with Report to Support Deliverable/Task
	Required	Estimated				
See IWDS						

Subpart 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
Not applicable		

Subpart C. Performance Measurement (if applicable)

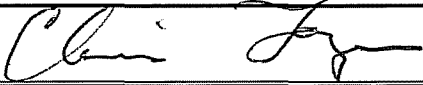
Grant Number:	12-661005	Grantee Name:	Kane County	Report Period	From	7/1/2013	To	9/30/2013
---------------	-----------	---------------	-------------	---------------	------	----------	----	-----------

Subpart B: ADDITIONAL CONCERNS AND/OR FEEDBACK

Submit Report to DCEO email address or hard copy address listed in the Welcome Package

GRANTEE CERTIFICATION:

Grantee certifies that all information reported to the Department on this form and in any required system is accurate; that all expenditures from these project funds are for approved project costs only; supporting documentation has been submitted as required by Program; all supporting documentation is on file with the Grantee; and the individual submitting this report has full signature authority to sign on behalf of the Grantee as previously identified to the Department. The Grantee acknowledges that the Department's approval for any item or expenditure described herein shall be considered conditional and subject to further review and verification in accordance with the Monitoring and Records Retention Sections of the Grant Agreement.

	<i>Christopher Lauzen, Kane County Chairman</i>	<i>23-1-13</i>
Grantee Signature	Name & Title	Date

DCEO PROGRAM CERTIFICATION:

Program Manager has reviewed the report and supporting documentation for any major discrepancies and/or unusual items. All budget items are in accordance with grant agreement and appropriate budget modification procedures. Program may sign below or capture approval in e-Grants.

DCEO Signature	Name & Title	Date

**Department of Commerce and Economic Opportunity
Grantee Report**

Grant Number:	12-681005
Grantee Name:	Kane County
DCEO Program Name:	WIA Formula Youth - Adult - Dislocated Worker
Report Period	From: 7/1/13 To: 9/30/2013
Prepared By:	Maria Luisa Gonzalez
Contact Phone Number/Email:	(630)208-1644/GonzalezMaria@co.kane.il.us
Date Prepared:	10/29/13

Check box if this is the final report

☐

Check box to indicate if GRS has been updated with information required to complete Section I - Expenditure Reporting, if applicable to grant. If box is checked, detailed information is not required in Section I of this form.	<input checked="" type="checkbox"/>	Check box if another system has been updated with information required to complete Section II - Key Deliverables/Task Items/Performance Measurement, if applicable to grant. If box is checked, detailed information is not required in Section II of this form.	<input checked="" type="checkbox"/>	Check box if another system has been updated with information required to complete Section III - Job Count Certification, if applicable to grant. If box is checked, detailed information is not required in Section III of this form.	<input type="checkbox"/>
		Indicate all systems updated to meet reporting requirements for Section II	Illinois Workforce Development System (IWDS)	Indicate all systems updated to meet reporting requirements for Section III	N/A

Check box to indicate if there is no change in Section I - Expenditure Reporting, and leave Section I blank	No changes from prior reporting period
	<input type="checkbox"/>
Check box to indicate if there is no change in Section II - Key Deliverables/Task Items/Performance Measure Reporting, and leave Section II blank	No changes from prior reporting period
	<input type="checkbox"/>
Check box to indicate if there is no change in Section III - Job Count Certification Reporting, and leave Section III blank	No changes from prior reporting period
	<input type="checkbox"/>

SECTION I: EXPENDITURE REPORTING

Subpart A: GRANT AMOUNT

1	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)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
See GRS					\$0.00		See Trial Balance
					\$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	\$0.00	\$0.00	

Subpart B: MATCH AMOUNT if applicable

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

Cost Category Number listed in Grant Agreement Part I Budget	Cost Category Description listed in Grant Agreement Part I Budget	Matching Funds Requirement listed in Grant Agreement	Previously Reported Expenses	Current Reporting Period Expenses	Total Match Expense to Date (4+5)	Amount of Accruals included in Column 5 (If Applicable)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
Not Applicable					\$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	\$0.00	\$0.00	

1	2	3	4	5
Grant Amount	Previous Cash Requested + Previous Grant Funds Received	Current Cash Request + Current Grant Funds Received	Remaining Grant Funds	Grant Funds on Hand
\$0.00	See GRS		#VALUE!	

	1	2	3	4	5
	Prior Earnings Balance	Current Period Receipts	Current Period Disbursements	Current Earnings Balance (1+2-3)	Supporting Documentation/Explanation of Adjustment
Grant Program Income	See GRS			#VALUE!	
Grant Program Interest				\$0.00	

Subpart A. Scope of Work (SOW) Items.

1	2	3	4	5	6	7
Scope of Work Deliverable, Task or Activity Item	Planned Completion Date		% Complete	Actual Completion Date	Provide explanation if missed Completion Date or if not on target to meet	Provide Brief Narrative of Deliverable/Task Status and Indicate Documentation included with Report to Support Deliverable/Task
	Required	Estimated				
See IWDS						

1	2	3
Program Specific Report/Schedule	Submittal Due Date	If Submittal Due Date is not met/will not be met, please explain
Not Applicable		

Grant Number:	12-681005	Grantee Name:	Kane County	Report Period	From	7/1/2013	To	9/30/2013
---------------	-----------	---------------	-------------	---------------	------	----------	----	-----------

1	2	3	4	5	6	7	8
Performance Measure (PM)	Target		Previous Actual	Current Actual	Actual to Date (4+5)	If PM or target for PM is not met, please provide explanation	Indicate Documentation included with Report to Support Attainment of PM
	Required	Estimated					
Not Applicable					0		
					0		
					0		
					0		
					0		

SECTION III: Jobs Count Certification

Subpart A. Position Profiles and Assignment to Full Time Equivalent Category

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	Created Jobs - FTE Category				Retained Jobs - FTE Category			
					Permanent Full time	Permanent Part time	Temporary Full time	Temporary Part Time	Permanent Full time	Permanent Part time	Temporary Full time	Temporary Part Time
Section III Not Applicable to Workforce Investment Act Grants												

Subpart B. Job Counting Full Time Equivalent Summary

1	2	3	4	5	6
Job Counting	Projected Number in Grant	Previous Certified	Current Certified	Certified to Date	Provide explanation if not met or not on target to meet projected numbers
Created FTEs			0	0	
Retained FTEs			0	0	
Permanent Full Time Created			0	0	
Permanent Full Time Retained			0	0	
Average Wage for Permanent Full Time Created			\$0		
Average Wage for Permanent Full Time Retained			\$0		

SECTION IV: Success Stories/Additional Grantee Feedback

Subpart A: SUCCESS STORIES/ADDITIONAL ACTIVITIES ACCOMPLISHED

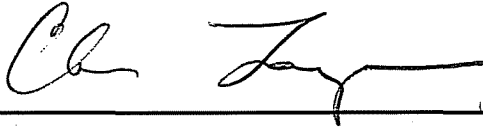
--

Grant Number:	12-681005	Grantee Name:	Kane County	Report Period	From	7/1/2013	To	9/30/2013
---------------	-----------	---------------	-------------	---------------	------	----------	----	-----------

Subpart B: ADDITIONAL CONCERNS AND/OR FEEDBACK

Submit Report to DCEO email address or hard copy address listed in the Welcome Package

GRANTEE CERTIFICATION:



11/1/2013

Christopher Lauzen, Chairman County Board

Grantee Signature

Name & Title

Date

DCEO PROGRAM CERTIFICATION:

Program Manager has reviewed the report and supporting documentation for any major discrepancies and/or unusual items. All budget items are in accordance with grant agreement and appropriate budget modification procedures. Program may sign below or capture approval in e-Grants.

Approval in e-Grants

DCEO Signature

Name & Title

Date

**Department of Commerce and Economic Opportunity
Grantee Report**

Grant Number:	13-681005
Grantee Name:	Kane County
DCEO Program Name:	WIA Formula Youth - Adult - Dislocated Worker
Report Period	From: 8/1/13 To: 9/30/2013
Prepared By:	Maria Luisa Gonzalez
Contact Phone Number/Email:	(630)208-1644/GonzalezMaria@co.kane.il.us
Date Prepared:	10/29/13

Check box if this is the final report

☐

Check box to indicate if GRS has been updated with information required to complete Section I - Expenditure Reporting, if applicable to grant. If box is checked, detailed information is not required in Section I of this form.	<input checked="" type="checkbox"/>	Check box if another system has been updated with information required to complete Section II - Key Deliverables/Task Items/Performance Measurement, if applicable to grant. If box is checked, detailed information is not required in Section II of this form.	<input checked="" type="checkbox"/>	Check box if another system has been updated with information required to complete Section III - Job Count Certification, if applicable to grant. If box is checked, detailed information is not required in Section III of this form.	<input type="checkbox"/>
		Indicate all systems updated to meet reporting requirements for Section II	Illinois Workforce Development System (IWDS)	Indicate all systems updated to meet reporting requirements for Section III	N/A

Check box to indicate if there is no change in Section I - Expenditure Reporting, and leave Section I blank	No changes from prior reporting period
	<input type="checkbox"/>
Check box to indicate if there is no change in Section II - Key Deliverables/Task Items/Performance Measure Reporting, and leave Section II blank	No changes from prior reporting period
	<input type="checkbox"/>
Check box to indicate if there is no change in Section III - Job Count Certification Reporting, and leave Section III blank	No changes from prior reporting period
	<input type="checkbox"/>

SECTION I: EXPENDITURE REPORTING

Subpart A: GRANT AMOUNT

1	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)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
See GRS					\$0.00		See Trial Balance
					\$0.00		
					\$0.00		
					\$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 applicable

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

Cost Category Number listed in Grant Agreement Part I Budget	Cost Category Description listed in Grant Agreement Part I Budget	Matching Funds Requirement listed in Grant Agreement	Previously Reported Expenses	Current Reporting Period Expenses	Total Match Expense to Date (4+5)	Amount of Accruals included in Column 5 (if Applicable)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
Not Applicable					\$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	\$0.00	\$0.00	

1	2	3	4	5
Grant Amount	Previous Cash Requested + Previous Grant Funds Received	Current Cash Request + Current Grant Funds Received	Remaining Grant Funds	Grant Funds on Hand
\$0.00	See GRS		#VALUE!	

	1	2	3	4	5
	Prior Earnings Balance	Current Period Receipts	Current Period Disbursements	Current Earnings Balance (1+2-3)	Supporting Documentation/Explanation of Adjustment
Grant Program Income	See GRS			#VALUE!	
Grant Program Interest				\$0.00	

1	2	3	4	5	6	7
Scope of Work Deliverable, Task or Activity Item	Planned Completion Date		% Complete	Actual Completion Date	Provide explanation if missed Completion Date or if not on target to meet	Provide Brief Narrative of Deliverable/Task Status and Indicate Documentation included with Report to Support Deliverable/Task
	Required	Estimated				
See IWDS						

1	2	3
Program Specific Report/Schedule	Submittal Due Date	If Submittal Due Date is not met/will not be met, please explain
Not Applicable		

Page 2 of 4

Grant Number:	13-681005	Grantee Name:	Kane County	Report Period	From	8/1/2013	To	9/30/2013
---------------	-----------	---------------	-------------	---------------	------	----------	----	-----------

1	2	3	4	5	6	7	8
Performance Measure (PM)	Target		Previous Actual	Current Actual	Actual to Date (4+5)	If PM or target for PM is not met, please provide explanation	Indicate Documentation included with Report to Support Attainment of PM
	Required	Estimated					
Not Applicable					0		
					0		
					0		
					0		
					0		

SECTION III: Jobs Count Certification

Subpart A. Position Profiles and Assignment to Full Time Equivalent Category

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	Created Jobs - FTE Category				Retained Jobs - FTE Category			
					Permanent Full time	Permanent Part time	Temporary Full time	Temporary Part Time	Permanent Full time	Permanent Part time	Temporary Full time	Temporary Part Time
Section III Not Applicable to Workforce Investment Act Grants												
Total					0	0	0	0	0	0	0	0

Subpart B. Job Counting Full Time Equivalent Summary

1	2	3	4	5	6
Job Counting	Projected Number in Grant	Previous Certified	Current Certified	Certified to Date	Provide explanation if not met or not on target to meet projected numbers
Created FTEs			0	0	
Retained FTEs			0	0	
Permanent Full Time Created			0	0	
Permanent Full Time Retained			0	0	
Average Wage for Permanent Full Time Created			\$0		
Average Wage for Permanent Full Time Retained			\$0		

SECTION IV: Success Stories/Additional Grantee Feedback

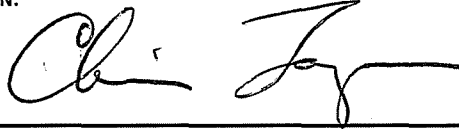
Subpart A: SUCCESS STORIES/ADDITIONAL ACTIVITIES ACCOMPLISHED

Grant Number:	13-681005	Grantee Name:	Kane County	Report Period	From	8/1/2013	To	9/30/2013
---------------	-----------	---------------	-------------	---------------	------	----------	----	-----------

Subpart B: ADDITIONAL CONCERNS AND/OR FEEDBACK

Submit Report to DCEO email address or hard copy address listed in the Welcome Package

GRANTEE CERTIFICATION:



11-1-2013

Christopher Lauzen, Chairman County Board

Grantee Signature

Name & Title

Date

DCEO PROGRAM CERTIFICATION:

Program Manager has reviewed the report and supporting documentation for any major discrepancies and/or unusual items. All budget items are in accordance with grant agreement and appropriate budget modification procedures. Program may sign below or capture approval in e-Grants.

Approval in e-Grants

DCEO Signature

Name & Title

Date