

# Illinois Works Apprenticeship Initiative

## Quarterly Periodic Loan Applicant/Grantee Report

Organization Name	City of Crest Hill	FEIN Number	36-6009518
UEIN Number	JU4MXRLL9KD6		
Loan/Grant Awarding Agency	IEPA	Construction Start Date	September 08, 2025
Construction End Date	July 31, 2026		
Loan/Grant Number	L176384	Estimated Total Project Costs	\$2,479,975.70
Estimated Total State Contribution	\$2,479,975.70		

Reporting Period: Period Start Date  Period End Date

### Applicable Apprenticeship Goal (Select all that apply):

10% total project cost  10% total state contribution only

Waiver Approved by IL DCEO

IL DCEO Waiver Approval Date

(If a waiver was granted for any prevailing wage classification, the Grantee does not need to report on those classifications on this form.)

Reduction Approved by IL DCEO

IL DCEO Reduction Approval Date

(If selected, enter the applicable prevailing wage classification(s) and approved reduced percentage(s).)

Prevailing Wage Classification	Reduced Percentage	Prevailing Wage Classification	Reduced Percentage



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Please provide information in this chart for the entire project if the apprenticeship goal applies to the entire project.  
Provide information for only the state contribution if the apprenticeship goal applies only to state appropriated capital funds.

Prevailing Wage Classification	Total Hours for Classification in Reporting Period	Total Apprenticeship Hours for Classification in Reporting Period	% of Apprenticeship Hours	Total Hours for Classification (Cumulative from Start of the Project)	Total Apprenticeship Hours (Cumulative from Start of the Project)	% of Apprenticeship Hours (Cumulative from Start of the Project)	If no apprenticeship hours recorded, explain.
Laborer (Heavy & Highway)							
<b>Operators</b>							
<b>Foreman</b>							



## Organization Certification and State Agency Acknowledgement

### 1. Organization Certification:

By signing this form, I certify to the best of my knowledge and belief that the form is true, complete and accurate and that any false, fictitious or fraudulent information or the omission of any material fact could result in the immediate termination of my grant award(s).

City of Crest Hill

Institution/Organization Name:

Printed Name (Executive Director or equivalent):

Title (Executive Director or equivalent):

NOT FOR SIGNATURE

Signature (Executive Director or equivalent):

Date/Time Field

### 2. State Agency Acknowledgement:

State Agency

Printed Name

Title

NOT FOR SIGNATURE

Signature:

Date/Time Field