

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

9/8/25

Period End Date

10/31/25

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)							
Operators							
Foreman							

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.

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):

NOT FOR SIGNATURE

Signature (Executive Director or equivalent):

Title (Executive Director or equivalent):

Date/Time Field

2. State Agency Acknowledgement:

State Agency

Printed Name

NOT FOR SIGNATURE

Signature:

Title

Date/Time Field