

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

Grantee:	Kane County		Send Report to DCEO email address below:
Grant Number:	11-203221		Email: kurt.verduin@illinois.gov
DCEO Program Name:	Grants Management Program		
Report Period:	From: 1/1/11	To: 9/30/11	
Prepared By:	Kenneth N. Anderson, Jr.		
Contact Number/Email:	630-208-3179 andersonken@co.kane.il.us		
Date Prepared:	11/28/11		
Check box if this is the final report:	<input type="checkbox"/>		

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				
Storm water improvements	12/31/12	12/31/12				Grant Agreement signed on November 18,

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	
Quarterly Financial Status Progress Report	11/4/11	11/28/11	Missed requirement, agreement not signed, did not know the progress report was required

SECTION II: PERFORMANCE MEASUREMENT REPORTING

II.A. Complete this section with each performance measurement (Section II.A. NOT APPLICABLE FOR GRANTS THROUGH THE GRANTS MANAGEMENT PROGRAM)

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					
N/A					0		
					0		
					0		

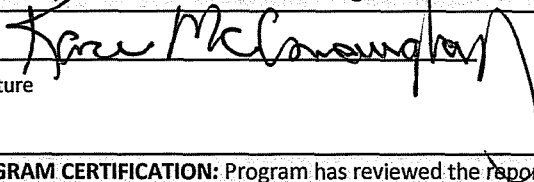
II.B. Complete this section with number of jobs created and/or retained as a result of this grant.

Jobs Data	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 Jobs Data
	Required	Estimated					
Jobs Created					0		
Jobs Retained					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.

Signature 	Name & Title <u>Karen McConaughay, Chairman</u>	Date <u>11/29/11</u>
---	---	----------------------

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

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

Grantee:	Kane County		Send Report to DCEO email address below:
Grant Number:	11-203221		Email: kurt.verduin@illinois.gov
DCEO Program Name:	Grants Management Program		
Report Period:	From: 1/1/11	To: 9/30/11	
Prepared By:	Kenneth N. Anderson, Jr.		
Contact Number/Email:	630-208-3179 andersonken@co.kane.il.us		
Date Prepared:	11/28/2011		
Check box if this is the final report.			
Check box if there is no change in the reporting information for this reporting period.	X		

SECTION I: EXPENDITURE REPORTING

Subpart A: GRANT AMOUNT

		1	2	3	4	5
Cost Category Number	Cost Category Description (Specific)	Current Approved Budget	Previously Reported Expenses	Current Reporting Period Expenses	Total Grant Expense to Date (2+3)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
1205	Design/Engineering	\$10,000.00			\$0.00	
1217	Equipment/Material/Labor	\$40,000.00			\$0.00	
1221	Construction Management/Oversight	\$10,000.00			\$0.00	
1225	Excavation/Site Prep/Demolition	\$30,000.00			\$0.00	
1235	Contingency	\$10,000.00			\$0.00	
Total		\$100,000.00	\$0.00	\$0.00	\$0.00	

Subpart B: MATCH AMOUNT (Veterans Employment Act Grants ONLY)

		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)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
N/A					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
Total		\$0.00	\$0.00	\$0.00	\$0.00	

SECTION II: CASH REQUESTED

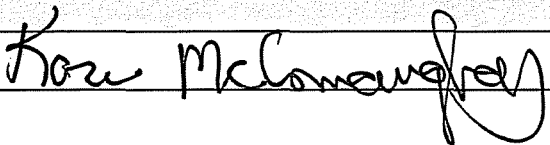
1	2	3	4
Grant Amount	Grant Funds Received	Current Cash Request	Remaining Grant Funds [1-2]
\$100,000.00	\$0.00		\$100,000.00
			\$0.00
			\$0.00
			\$0.00

SECTION III: GRANT 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			\$0.00	
Grant Program Interest			\$0.00	

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.



Karen McConnaughay, Chairman
 Name & Title

29-Nov-11
 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