

DUE TO SPRINGFIELD BY COB on 4/29/11

County of Kane  
Office of County Board  
Kane County Government Center

Karen McConnaughay  
Chairman  
630-232-5930



719 Batavia Avenue  
Geneva, Illinois 60134  
Fax 630-232-9188

**DOCUMENT VET SHEET**

for  
Karen McConnaughay  
Chairman, Kane County Board

Name of Document: Financial Status Report & Project Status  
Report for grants 09-672005; 10-681005;  
10-661005; 10-662005; 09-681005;  
Submitted by: SHEILA McCRAVEN  
Date Submitted: 4/28/11

Examined by: SHEILA McCRAVEN  
(Print name)  
Sheila McCraven  
(Signature)  
4/27/11  
(Date)

Post on Web: Yes  No  Atty. Initials \_\_\_\_\_  
Don't know if section for KCOR Reports has been created but there is no reason why these reports can't be posted

Comments: Forms indicate that State GRS screens  
have been updated with current information  
on quarterly basis as required

Chairman signed: Yes  No  5-2-11  
(Date)

Document returned to: S. McCRAVEN

## McCraven, Sheila

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**From:** Dhom, Lora [Lora.Dhom@illinois.gov]  
**Sent:** Tuesday, April 26, 2011 2:07 PM  
**To:** Al Anderson; alanders\_55@yahoo.com; amy.santacaterina@cityofchicago.org; Blanche Shoup; Brian Hensgen; Connie Vick; David Stoecklin; Debra German; schlechteg@iecc.edu; Jacob Seyffer; Jan Terry; jdawson@pjtp.org; Jennifer Stasch; Joanne Guild; kallen@mdwis.org; pampek@iecc.edu; Ladonna Russell; llight@vercounty.org; michael.sherer@west-central.org; mitch.goldberg@ex.cityofchicago.org; Nicole McCarty; Robert Trapp; Robyn McCoy; McCraven, Sheila; Sum Chow; TBerryman@lakecountyil.gov; Vicki Lubrant; MaryPineda@kcdee.org  
**Subject:** RE: PSR/FSR/Trial Balance for Formula/Incentive/ARRA DW Grants - 03/31/10

This is a friendly reminder that the PSRs and FSRs/Trial Balances are due to me by COB April 29, 2011. Thanks.

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**From:** Dhom, Lora  
**Sent:** Monday, April 11, 2011 10:09 AM  
**To:**  
**Subject:** PSR/FSR/Trial Balance for Formula/Incentive/ARRA DW Grants - 03/31/10

**In most cases the PSRs for the incentive grants are not being fully completed as required. I included an example in the instructions below. Please take the time to read over all of the instructions.**

**Thank you.**

Yes, it is quarterly report time AGAIN! I would like to say thank you in advance to everyone for completing these reports.

**PLEASE USE THE ATTACHED TEMPLATES.** These templates along with the instructions below will assist you in properly completing the reports and therefore avoid non-compliance issues.

**PLEASE READ AND FOLLOW INSTRUCTIONS OR REPORTS WILL BE RETURNED IF NOT COMPLETED/NAMED PROPERLY.**

### **INSTRUCTIONS -**

The formula grants (PY 2009 and 2010), incentive grant (PY 2009), and ARRA statewide activity 1GS grant for DW's PSR/FSR/Trial Balances for the quarter ending March 31, 2011 are due to me no later than **Friday April 29, 2011**. You may submit the reports prior to the due date, however financial reports should match GRS. Therefore it would be best to submit **after April 20<sup>th</sup>** so that all costs are posted in GRS and match the Trial Balance/Crosswalk. **All crosswalk materials should be included with the Trial Balance in one PDF.** If no costs have been reported for the grant in GRS, a document stating such should be submitted as the Trial Balance (see attached example). Reports for other grants should be sent to the Grant Manager listed in the grant agreement.

### **NAMING CONVENTIONS -**

Grant Number Report Name MMDDYY

e.g.

01-234567 PSR 033111.pdf

01-234567 FSR 033111.pdf

01-234567 Trial Balance 033111.pdf

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

Grantee:	LWIA #5 - Kane County (KCDEE)	
Grant Number:	09-681005	
DCEO Program Name:	WIA Formula Youth - Adult - Dislocated Worker	
Report Period:	From: 10/1/2010	To: 3/31/2011
Prepared By:	Mary Pineda	
Contact Number/Email:	630-208-1644/ marypineda@kcdee.org	
Date Prepared:	4/27/2011	

Send Report to DCEO email address or hard copy address listed below:
Email: lora.dhom@illinois.gov
Hard Copy:

Check box if this is the final report:

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.

Indicate all systems updated to meet reporting requirements (i.e. eGrants, etc.): Illinois Workforce Development System (IWDS)

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		

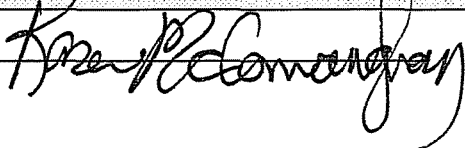
**II.B. Complete this section with number of jobs created and/or retained as a result of this grant (if applicable).**

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.

Signature 	Name & Title <u>Karen McConnaughay, Chairman Kane County Bd</u>	Date <u>4/27/2011</u>
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**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 _____
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For Program Use on Review Process:

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

Grantee:	LWIA 5 - Kane County (KCDEE)	
Grant Number:	09-681005	
DCEO Program Name:	WIA Formula Youth - Adult - Dislocated Worker	
Report Period:	From: 10/1/2010	To: 3/31/2011
Prepared By:	Mary Pineda, Fiscal Director	
Contact Number/Email:	630-208-1644/ marypineda@kcdee.org	
Date Prepared:	4/27/2011	

Send Report to DCEO email address or hard copy address listed below:
Email: lora.dhom@illinois.gov
Hard Copy:

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.	<b>X</b>
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		
<b>Total</b>		\$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		
<b>Total</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

**SECTION II: CASH REQUESTED OR GRANT FUNDS RECEIVED**

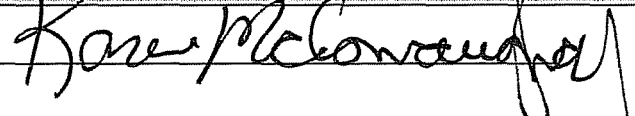
1	2	3	4	5
	Previous Cash Requested or Grant Funds Received	Current Cash Request or Grant Funds Received	Remaining Grant Funds [1-(2+3)]	Grant Funds on Hand
Grant Amount				
Not Applicable			#VALUE!	
			\$0.00	
			\$0.00	
			\$0.00	

**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:  Name & Title: Karen McConaughay, Chairman Kane County Bd Date: 4/27/2011

**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