

DUE TO SPRINGFIELD BY 5/16/11

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 and Project status Report for Grant # 10-632005 (Hi speed internet)

Submitted by: SHEILA MCCRAVEN

Date Submitted: 5/10/11

Examined by: SHEILA MCCRAVEN  
(Print name)

Sheila B McCraven  
(Signature)

5/10/11  
(Date)

Post on Web: Yes  No  Atty. Initials \_\_\_\_\_

Comments: Grtry reports for hi speed internet grant award of \$5,665.00

Chairman signed: (Yes) No \_\_\_\_\_  
(Date) 5-16-11

Document returned to: S-McCraven

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

Grantee:	LWIA 5 - Kane County (KCDEE)	
Grant Number:	10-632005	
DCEO Program Name:	WIA Local Incentive 01	
Report Period:	From: 7/1/10	To: 3/31/11
Prepared By:	Mary Pineda, Fiscal Director	
Contact Number/Email:	630-208-1644 / marypineda@kcdee.org	
Date Prepared:	5/9/2011	

Send Report to DCEO email address or hard copy address listed below:	
Email:	Gerry.Snyder@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.	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.
1810	High Speed Internet	\$5,665.00	\$0.00	\$0.00	\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
<b>Total</b>		\$5,665.00	\$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.
						\$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**

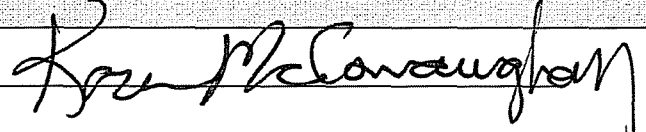
1	2	3	4	5
Grant Amount	Previous Cash Requested or Grant Funds Received	Current Cash Request or Grant Funds Received	Remaining Grant Funds [1-(2+3)]	Grant Funds on Hand
\$5,665.00	0		\$5,665.00	
			\$0.00	
			\$0.00	
			\$0.00	

**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				\$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.

Signature:  Name & Title: Karen McConaughay, Chairman Kane County Bd Date: 5-16-11

**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:	LWIA #5 - Kane County (KCDEE)	
Grant Number:	10-632005	
DCEO Program Name:	WIA Local Incentive 02	
Report Period:	From: 7/1/2010	To: 3/31/11
Prepared By:	Mary Pineda, Fiscal Director	
Contact Number/Email:	630-208-1644/marvpineda@kcdee.org	
Date Prepared:	5/9/2011	

Send Report to DCEO email address or hard copy address listed below:	
Email:	<a href="mailto:Gerry.Snyder@illinois.gov">Gerry.Snyder@illinois.gov</a>
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.):

Indicate which reporting requirements are met (i.e. ARRA Section 1512): DCEO Grant Agreement

**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				
001	6/30/2011	6/30/2011	75%			9 of 12 months of high speed internet access provided
100	6/30/2011	6/30/2011	75%			
120	6/30/2011	6/30/2011	75%			
150	6/30/2011	6/30/2011	75%			
200	6/30/2011	6/30/2011	75%			
300	6/30/2011	6/30/2011	75%			

**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		

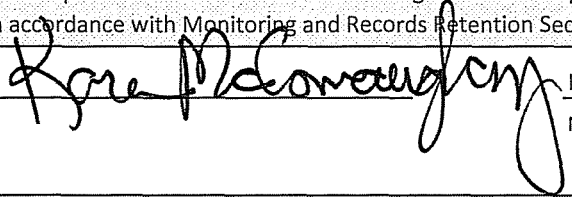
**II.B. Complete this section with number of jobs created and/or retained as a result of this grant (if applicable).**

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					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 Karen McConaughay, Chairman Kane County Bd Date 5-16-11

**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: