

**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: 4/1/2011	To: 6/30/2011
Prepared By:	Mary Pineda, Fiscal Director	
Contact Number/Email:	630-208-1644/marypineda@kcdee.org	
Date Prepared:	7/25/2011	

Send Report to DCEO email address or hard copy address listed below:	
Email:	lora.dhom@illinois.gov
List all grants covered by this report: 09-681005	

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)/Illinois workNet (IWTS)
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 Karen McConaughay Name & Title Karen McConaughay, Chairman Kane County Bd Date _____

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: