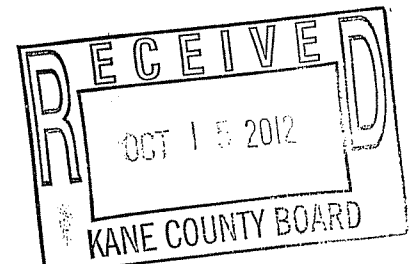


County of Kane
Office of County Board
Kane County Government Center



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: DCED Project Status Report

DCRO Financial Status Report

Submitted By: Kenneth N. Anderson, Jr. 630-232-3179

Date Submitted: 10/15/12

Examined By: Joseph Lulus
(Print Name)

[Signature]
(Signature)

10-16-12
(Date)

Post on Web: Yes No Atty Initials [Signature]

Comments: _____

Chairman Signed: Yes No Date: OCTOBER 16, 2012

Document Returned To: _____

**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: 7/1/12 | To: 9/30/12 | |
| Prepared By: | Kenneth N. Anderson, Jr. | | |
| Contact Number/Email: | 630-208-3179 andersonken@co.kane.il.us | | |
| Date Prepared: | 7/10/12 | | |
| Check box if this is the final report: | <input checked="" 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 | | | | |
| All work completed and contractors paid | 12/31/12 | 6/29/12 | 100% | 6/29/12 | | Work finished on time & within budget |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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 | 10/31/12 | 10/31/12 | |
| | | | |
| | | | |

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 | | |

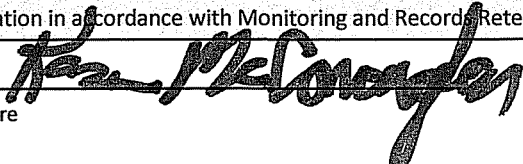
II.B. Complete this section with number of jobs created and/or retained as a result of this grant.

| 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 Record Retention Sections of the Grant Agreement.

| | | |
|--|---|------------------|
|  Signature | Karen McConaughay, Chairman Name & Title | 10/31/12 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

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

| | | |
|---|---|-------------|
| Grantee: | Kane County | |
| Grant Number: | 11-203221 | |
| DCEO Program Name: | Grants Management Program | |
| Report Period: | From: 7/1/12 | To: 9/30/12 |
| Prepared By: | Kenneth N. Anderson, Jr. | |
| Contact Number/Email: | 630-208-3179 andersonken@co.kane.il.us | |
| Date Prepared: | 10/15/2012 | |
| Check box if this is the final report. | <input checked="" type="checkbox"/> | |
| Check box if there is no change in the reporting information for this reporting period. | <input type="checkbox"/> | |

Send Report to DCEO email address below:

Email: kurt.verduin@illinois.gov

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. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | \$0.00 | \$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] |
| | | | \$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 | No interest earned, reimbursement only |
| 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 McConnaughay, Chairman Date 31-Oct-12

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

