Illinois
Department of Commerce
& Economic Opportunity

July 3, 2023

Ms. Jennifer Serino
Director - Lake County WF Developme
LAKE COUNTY
1 N GENESEE ST FL 1
Waukegan, IL 60085-8103

Re: Grant No. 21-671001

Dear Ms. Serino:

Enclosed is your fully executed copy of the modification/waiver to the above referenced grant agreement (the "Agreement"). Please retain this copy in your files for reference during the administration of the grant and for future audit and monitoring purposes.

Please be advised that the requested modification/waiver was approved based on information provided by your agency/organization. Pursuant to Section 3.7 of the pre-GATA Agreement, or Article XII of the post-GATA Agreement, as applicable, you are hereby reminded that: (i) during the time period specified in the Agreement, the Grantee is required to maintain books, records and supporting documents related to all disbursements of funds provided under the Agreement, including those which are the subject of the modification/waiver; and (ii) the Grantee's failure to maintain and provide such records during a subsequent monitoring or audit conducted in accordance with applicable provisions of the Agreement, shall establish a presumption in favor of the Department for the recovery of funds for which adequate documentation is not available.

Should you have any questions regarding the modification/waiver, please contact your DCEO Grant Manager.

Sincerely,

Kristin A. Richards
Director

cc: DCEO Grant Manager

AMENDMENT TO THE GRANT AGREEMENT

BETWEEN
THE STATE OF ILLINOIS, DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY
AND
Lake County

The **Illinois Department of Commerce and Economic Opportunity** (Grantor) with its principal office at **607 E Adams St, Springfield, IL 62701**, and **Lake County** (Grantee), with its principal office at **1 N Genesee St Fl 1, Waukegan, IL 60085-8103**, and payment address (if different than principal office) at N/A, hereby agree that the following amendment (Amendment) shall amend the Grant Agreement (Agreement), which is described below. Grantor and Grantee are collectively referred to herein as "Parties" or individually as a "Party."

All terms and conditions set forth in the original Agreement and any subsequent amendment, but not amended herein, shall remain in full force and effect as written. In the event of a conflict, the terms of this Amendment shall prevail. This Amendment is authorized by Paragraph 26.5 of the Agreement.

WHEREAS, it is the intent of the Parties to perform consistent with all terms herein and pursuant to the duties and responsibilities imposed by Grantor under the laws of the State of Illinois and in accordance with the terms, conditions and provisions hereof.

NOW, THEREFORE, in consideration of the foregoing and the mutual agreements contained in the Agreement and herein, and for other good and valuable consideration, the value, receipt and sufficiency of which are acknowledged, the Parties hereto agree as follows:

ARTICLE I
AWARD AND AMENDMENT INFORMATION AND CERTIFICATION

1.1. Original Agreement. The Agreement, numbered **21-671001**, has an original term from **12/01/2021** to **08/19/2023**.

1.2. Prior Amendments. Below is the list of all prior amendments to the Agreement (mark N/A if none):

Amendment Number	Effective Date (MM/DD/YYYY)
N/A	

1.3. Current Agreement Term. The Agreement expires on **08/19/2023**, unless terminated pursuant to the Agreement.

1.4. Item(s) Altered. Identify which of the following Agreement elements are amended herein (check all that apply):

- ☐ Exhibit A (Project Description)
- ☐ Exhibit B (Deliverables/Milestones)
- ☒ Exhibit C (Payment)
- ☐ Exhibit D (Contact Information)
- ☒ Exhibit E (Performance Measures)
- ☐ Exhibit F (Performance Standards)
- ☐ Award Term
- ☒ Award Amount
- ☐ PART TWO (Grantor-Specific Terms)
- ☐ PART THREE (Project-Specific Terms)
- ☒ Budget
- ☐ Budget (Unilateral)

☐ Exhibit G (Specific Conditions)

☐ Funding Source
☐ Other (specify):

1.5. Effective Date. This Amendment shall be effective on ____N/A_____. If an effective date is not identified in this Paragraph, the Amendment shall be effective upon the last dated signature of the Parties.

1.6. Certification. Grantee certifies under oath that (1) all representations made in this Amendment are true and correct and (2) all Grant Funds awarded pursuant to the Agreement shall be used only for the purpose(s) described therein, including all subsequent amendments. Grantee acknowledges that the Award is made solely upon this certification and that any false statements, misrepresentations, or material omissions shall be the basis for immediate termination of the Agreement and repayment of all Grant Funds.

1.7. Signatures. In witness whereof, the Parties hereto have caused this Amendment to be executed by their duly authorized representatives.

ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

By: By Brian R. Chumley
Brian R. Chumley
Fiscal Operations Manager
Signature of Kristin A. Richards, Director

By: _____
Signature of Designee

Date: 6/23/23

Printed Name: _____

Printed Title: _____
Designee

By: _____
Signature of First Other Approver, if Applicable

Date: _____

Printed Name: _____

Printed Title: _____
Other Approver

Lake County

By: Jennifer Serino
Digitally signed by Jennifer Serino
DN: cn=Jennifer Serino, o=Workforce Development, ou=Lake County, email=jserino@lakecountyil.gov, c=US
Date: 2023.06.20 17:27:53 -05'00'
Signature of Authorized Representative

Date: June 20, 2023

Printed Name: Jennifer Serino

Printed Title: Director, Workforce Development

Email: jserino@lakecountyil.gov

By: _____
Signature of Second Other Approver, if Applicable

Date: _____

Printed Name: _____

Printed Title: _____
Second Other Approver

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ARTICLE II
AMENDMENTS

2.1. Exhibit C Changes. The first line of Exhibit C is amended as follows: Grantee shall receive $628,580.81 under this Agreement.

2.2. Exhibit E Changes. Exhibit E is amended as detailed in the attached revised Exhibit E.

2.3. Award Amount Changes. The first sentence of Paragraph 1.2 of the Agreement is amended as follows: Grant Funds shall not exceed $628,580.81, of which $628,580.81 are federal funds.

2.4. Budget Changes. The Budget is revised by increasing Grant Funds as detailed in the attached revised Budget.

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Workforce Development Department

Jennifer Serino
Director

1 North Genesee Street, 1st
Floor Waukegan, Illinois 60085
Phone847-377-3450
Fax 847-249-2214

LakeCounty

June 16th, 2023

Ms. Lorraine Wareham
Office of Employment and Training
Illinois Dept. of Commerce & Economic
Opportunity 500 East Monroe, 9th Floor.
Springfield, IL 62701-1643

Attn: Lorraine Wareham

Please accept this letter and attached Career DWG grant modification documents. The DWG Career Grant modification will address the training and employment plans of 12 additional participants and serve 38 participants in total. The circumstances related to the Career DWG Grant Modification encompass a request for additional Direct Training, Work-Base Learning, Technology Cost, and Indirect Program Cost resulting in a total modification amount of $100,080.81. The Career DWG Grant modification for grant number 21-671001 brings the total cost of the state grant funds to $628,580.81.

The documents have been reviewed and I agree with the contents of the grant application. Please contact the Lake County Workforce Development Department if you require additional information.

Sincerely,

DocuSigned by:
Jennifer Serino
Jennifer Serino
Director, Lake County Workforce

EXHIBIT E

PERFORMANCE MEASURES

The Grantee shall perform in accordance with the *Project Work Plan* approved by Grantor, including any subsequent revisions thereto. Enrollment and services must be met by the end of the Award Term. The Grantee must meet the negotiated WIOA performance measures identified below that may be modified through a revised Grantor-approved *Project Work Plan*. Grantee performance will be monitored, and it is up to the Grantor's discretion to partially distribute or reallocate funds during the Award Term based on performance.

Planned Enrollment and Service Numbers

CAREER DWG Services	Number Enrolled
Training, including work-based training	38
Total Participants Served	38

WIOA Indicators of Performance - PY 2021/PY 2022

Dislocated Workers

Employment Rate 2nd Quarter after Exit - The percentage of WIOA registered participants in unsubsidized employment during the 2nd quarter after exit from the program.

Employment Rate 4th Quarter after Exit - The percentage of WIOA registered participants who are in unsubsidized employment during the 4th quarter after exit from the program.

Median Earnings - The median earnings of WIOA registered participants who are in unsubsidized employment in the 2nd quarter after exit from the program.

Credential Attainment – Includes all Dislocated Workers who received training or education (excluding OJT or Customized Training) - The percentage of WIOA registered participants who obtain a postsecondary credential or a high school diploma or GED during participation in a program or within 1 year after exit from the program. If participant obtains secondary school diploma or equivalent, they **must** also be employed or in an education/training program leading to a postsecondary credential within 1 year after exit to count as having met the performance indicator.

Measurable Skills Gain (MSG) - The percentage of participants who, during a program year, *are in an education or training program that leads to a recognized postsecondary credential or employment* and who are achieving measurable skill gains, defined as documented academic, technical, occupational or other forms of progress towards such a credential or employment. Five types of Measurable Skill Gains are as follows: Secondary and Postsecondary Transcript or Report Card; Secondary School Diploma or its Recognized Equivalent; Training Milestone; Skills Progression; and Education Functioning Level (EFL) Gain.

STATE OF ILLINOIS	UNIFORM GRANT BUDGET MODIFICATION TEMPLATE			Commerce & Economic Opportunity	
Organization Name:	**County of Lake**	**UEI#**	**W2VMR6ZKNT21**	**NOFO #**	**N/A**
CSFA #	**420 30 0082**	**CSFA Description:**	**DWG**	**Fiscal Year:**	**2021**
SECTION A -- STATE OF ILLINOIS FUNDS				**Grant #**	**21-671001**
Revenues				**TOTAL REVENUE**	
(a). State of Illinois Grant Amount Requested				$	628,580.81

BUDGET SUMMARY STATE OF ILLINOIS FUNDS

Budget Expenditure Categories	OMB Uniform Guidance Federal Awards	Current Approved Budget	Modification Amount	New Budget Amount
1A. Personnel-Admin (Salaries & Wages)	*200.430*	$ *3,833.00*	$ -	$ *3,833.00*
1B. Personnel-Program (Salaries & Wages)	*200.430*	$ *95,477.00*	$ *(1,026.36)*	$ *94,450.64*
2A. Fringe Benefits-Admin	*200.431*	$ *1,768.00*	$ -	$ *1,768.00*
2B. Fringe Benefits-Program	*200.431*	$ *35,292.00*	$ *11,522.48*	$ *46,814.48*
13. Direct Administrative costs	*200.413 (c)*	$ -	$ -	$ -
15A *Direct Training*		$ *58,500.00*	$ *27,571.45*	$ *86,071.45*
15B *Work-Based Training*		$ *314,133.00*	$ *50,547.00*	$ *364,680.00*
15C *Other Program costs*		$ -	$ -	$ -
15D *Supportive Services*		$ *6,000.00*	$ *(1,366.26)*	$ *4,633.74*
15E *DWG Technology Costs*		$ *3,750.00*	$ *8,305.00*	$ *12,055.00*
16. Total Direct Costs (lines 1-15)	*200.413*	$ *518,753.00*	$ *95,553.31*	$ *614,306.31*
17A. Indirect Costs-Admin* (see below)	*200.414*	$ *682.00*	$ -	$ *682.00*
Rate: 17.80% / Base: $3,831				
17B. Indirect Costs-Program* (see below)	*200.414*	$ *9,065.00*	$ *4,527.50*	$ *13,592.50*
Rate: 17.80% / Base: $3,831				
18. Total Costs State Grant Funds (16 &17)		$ *528,500.00*	$ *100,080.81*	$ *628,580.81*

Section C - Budget Modification Worksheet & Narrative

County of Lake

1). Personnel-Program (Salaries & Wages) *(2 CFR 200.430)* --List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project . Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Name	Position(s)	Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of time	Personnel Cost
Jeff Hubbert	*Account Executive Lead*	*$ (1,026.36)*	*1*	*100%*	*1*	*$ (1,026.36)*
						$ -
						$ -
						$ -
					State Total	***$ (1,026.36)***
					Total Personnel	***$ (1,026.36)***

Personnel Narrative (State):

Personnel costs adjusted for remainder of the grant period.

Section C - Budget Modification Worksheet & Narrative

County of Lake

2). Fringe Benefits *(2 CFR 200.431)*--Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in category (1) direct salaries and wages, and only for the percentage of time devoted to the project. Provide the fringe benefit rate used and a clear description of how the computation of fringe benefits was done. Provide both the annual (for multiyear awards) and total. If a fringe benefit rate is not used, show how the fringe benefits were computed for each position. The budget justification should be reflected in the budget description. Elements that comprise fringe benefits should be indicated.

Name	Position(s)	Base	Rate	Fringe Benefit Cost
Jeff Hubbert	*Account Executive Lead*	*$ 11,522.48*	*100.00%*	***$ 11,522.48***
				$ -
				$ -
				$ -
			State Total	***$ 11,522.48***
			Total Fringe Benefits	***$ 11,522.48***

Fringe Benefits Narrative (State):

Fringe adjusted to account for the remainder of the grant period.

Section C - Budget Modification Worksheet & Narrative

15). GRANT EXCLUSIVE LINE ITEM: Costs directly related to the service or activity of the program that is an integral line item for budgetary purposes. To use this budgetary line item, an applicant must have Program approval. (Please cite reference per statute for unique costs directly related to the service or activity of the program).

15A). Direct Training Costs: Training expenditures leading to jobs in demand occupations.

•Services must be consistent with local policy.

•Document that all costs are reasonable and necessary by providing detailed calculations and explanations in the Narrative text box below.

Description	Quantity	Basis	Cost	Length of time	Total Cost
Occupational Skills Training ITA	*10*	*Each*	*$ 2,757.15*	*1*	*$ 27,571.45*
Occupational Skills Training Other					$ -
Remedial/Pre-Vocational Training					$ -
					$ -
					$ -
					$ -
					$ -
				State Total	***$ 27,571.45***
				Total Direct Training	***$ 27,571.45***

Direct Training Narrative (State):

An additional 10 ITAs with be provided at cost of 2,757.15 per ITA

Section C - Budget Modification Worksheet & Narrative

County of Lake

15). GRANT EXCLUSIVE LINE ITEM: Costs directly related to the service or activity of the program that is an integral line item for budgetary purposes. To use this budgetary line item, an applicant must have Program approval. (Please cite reference per statute for unique costs directly related to the service or activity of the program).

15B). Work-Based Training: Includes on-the-job training, customized training, work experience/internships, transitional jobs, and other work-based training as outlined at 20 CFR 680.700 through 680.840. Incumbent Worker Training is not allowed.

•Services must be consistent with local policy.

•Document that all costs are reasonable and necessary by providing detailed calculations and explanations in the Narrative text box below.

Description	Quantity	Basis	Cost	Length of time	Total Cost
On the Job Training					$ -
Customized Training					$ -
Work Experience / Internships	*2*	*each*	$ *25,273.50*	*1*	$ ***50,547.00***
Transitional Jobs					$ -
Other WBT					$ -
					$ -
					$ -
				State Total	$ ***50,547.00***
				Total Work-Based Training	$ ***50,547.00***

Work-Based Training Narrative (State):

An additional two customers will be receiving work experiences at a cost of 25,273.50 per work experience.

Section C - Budget Modification Worksheet & Narrative

County of Lake

15). GRANT EXCLUSIVE LINE ITEM: Costs directly related to the service or activity of the program that is an integral line item for budgetary purposes. To use this budgetary line item, an applicant must have Program approval. (Please cite reference per statute for unique costs directly related to the service or activity of the program).

15C). Other Program costs: All other program costs related to providing comprehensive services not elsewhere classified, such as telecommunications, occupancy, supplies, printing, outreach and recruitment, partnership development and engagement, program staff travel and staff training/education, work-based training worksite tools and supplies, worksite safety training, background checks, drug screening.

•Document that all costs are reasonable and necessary by providing detailed calculations and explanations in the Narrative text box below.

Description	Quantity	Basis	Cost	Length of time	Total Cost
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
				State Total	$ -

Total Other Program costs $ -

Other Program costs Narrative (State):

Provide a detailed narrative explaining all Other Program costs:

Section C - Budget Modification Worksheet & Narrative

County of Lake

15). GRANT EXCLUSIVE LINE ITEM: Costs directly related to the service or activity of the program that is an integral line item for budgetary purposes. To use this budgetary line item, an applicant must have Program approval. (Please cite reference per statute for unique costs directly related to the service or activity of the program).

15D). Supportive Services: Supportive services are a broad range of services provided to customers to permit their participation in WIOA-funded career services or training programs or retain employment that was gained through WIOA participation, provided consistent with state and local supportive services policies. Supportive services may include, but are not limited to the following: linkages to community services; assistance with transportation, child/dependent care, housing and other emergency services; reasonable accommodations for individuals with disabilities; health care and mental health care; legal aid services; assistance with employment, training, and work-based training-related clothing, tools, and supplies, including such items as uniforms, clothing, boots/shoes, eyeglasses, protective eye gear and other essential safety equipment; assistance with books, fees, testing, licensing, certification, school supplies; Needs-Related Payments consistent with local policy if offered to other WIOA-funded participants eligible for NRP; follow-up services to participants obtaining employment at exit; and other supportive services to assist participants in participating in project activities.

•Services must be consistent with local policies.

•Document that all costs are reasonable and necessary by providing detailed calculations and explanations in the Narrative text box below.

Description	Quantity	Basis	Cost	Length of time	Total Cost
Contractual	*10*	*each*	*$ (136.63)*	*1*	*$ (1,366.26)*
Noncontractual					$ -
Needs-Related Payments Contractual					$ -
Needs-Related Payments Noncontractual					$ -
					$ -
					$ -
					$ -
				State Total	***$ (1,366.26)***
				Total Supportive Services	***$ (1,366.26)***

Supportive Services Narrative (State):

15D). Supportive Services: Supportive services are a broad range of services provided to customers to permit their participation in WIOA-funded career services or training programs or retain employment that was gained through WIOA participation, provided consistent with state and local supportive services policies. Supportive services may include, but are not limited to the following: linkages to community services; assistance with transportation, child/dependent care, housing and other emergency services; reasonable accommodations for individuals with disabilities; health care and mental health care; legal aid services; assistance with employment, training, and work-based training-related clothing, tools, and supplies, including such items as uniforms, clothing, boots/shoes, eyeglasses, protective eye gear and other essential safety equipment; assistance with books, fees, testing, licensing, certification, school supplies; Needs-Related Payments consistent with local policy if offered to other WIOA-funded participants eligible for NRP; follow-up services to participants obtaining employment at exit; and other supportive services to assist participants in participating in project activities.

•Services must be consistent with local policies.

•Document that all costs are reasonable and necessary by providing detailed calculations and explanations in the Narrative text box below.

No additional customers will be provided support services through the remainder of the grant.

Section C - Budget Modification Worksheet & Narrative

County of Lake

15). GRANT EXCLUSIVE LINE ITEM: Costs directly related to the service or activity of the program that is an integral line item for budgetary purposes. To use this budgetary line item, an applicant must have Program approval. (Please cite reference per statute for unique costs directly related to the service or activity of the program).

15E). DWG Technology Costs: Dislocated Worker Grant (DWG) technology costs support and enhance the provision of comprehensive employment and training services and connect the unemployed to reemployment, making services more accessible. DWG Technology is to primarily benefit dislocated workers, but other job seekers can also benefit. The purpose of DWG Technology costs is to expand the capacity of the workforce system; serve a larger number of dislocated workers and other job seekers; ensure accessibility beyond physical AJCs; and ensure service delivery will not be interrupted due to emergencies such as the COVID-19 pandemic.

•Document that all costs are reasonable and necessary by providing detailed calculations and explanations in the Narrative text box below.

Description	Quantity	Basis	Cost	Length of time	Total Cost
Contractual					$ -
Noncontractual					$ -
Kiosk	*2*	*each*	*4152.5*	*1*	$ ***8,305.00***
					$ -
					$ -
					$ -
					$ -
					$ -
				State Total	$ ***8,305.00***

Total DWG-Technology Costs $ ***8,305.00***

DWG Technology Costs-Narrative (State):

We will be purchasing two kiosk to be utilized for on off site locations for customers to submit initial applications.

Section C - Budget Modification Worksheet & Narrative

County of Lake

17). Indirect Cost-Program *(2 CFR 200.414)* --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Description	Base	Rate	Indirect Cost
MTDC	$ 76,362.36	17.80%	*$ 13,592.50*
			$ -
		State Total	***$ 13,592.50***
		Total Indirect Costs-Program	***$ 13,592.50***

Indirect Cost-Program Narrative (State):

MTDC

Section C - Cumulative Budget Worksheet & Narrative

County of Lake

Previously Approved

Budget Narrative Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

Budget Category	*State*	*Total*
1A Personnel-Admin (Salaries & Wages)	$ 3,833.00	$ 3,833.00
1B Personnel-Program (Salaries & Wages)	$ 95,477.00	$ 95,477.00
2A Fringe Benefits-Admin	$ 1,768.00	$ 1,768.00
2B Fringe Benefits-Program	$ 35,292.00	$ 35,292.00
13. Direct Administrative Costs	$ -	$ -
15A Direct Training	$ 58,500.00	$ 58,500.00
15B Work-Based Training	$ 314,133.00	$ 314,133.00
15C Other Program costs	$ -	$ -
15D Supportive Services	$ 6,000.00	$ 6,000.00
15E DWG-Technology Costs	$ 3,750.00	$ 3,750.00
17A Indirect Costs-Admin	$ 682.00	$ 682.00
17B Indirect Costs-Program	$ 9,065.00	$ 9,065.00
	$ 528,500.00	

State Request	$ 528,500.00
Non-State Amount	
TOTAL PROJECT COSTS	

Modification

Budget Category	*State*	*Total*
1A Personnel-Admin (Salaries & Wages)	$ -	$ -
1B Personnel-Program (Salaries & Wages)	$ (1,026.36)	$ (1,026.36)

Budget Narrative Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

2A Fringe Benefits-Admin	$	-	$	-
2B Fringe Benefits-Program	$	11,522.48	$	11,522.48
13. Direct Administrative Costs	$	-	$	-
15A Direct Training	$	27,571.45	$	27,571.45
15B Work-Based Training	$	50,547.00	$	50,547.00
15C Other Program costs	$	-	$	-
15D Supportive Services	$	(1,366.26)	$	(1,366.26)
15E DWG-Technology Costs	$	8,305.00	$	8,305.00
17A Indirect Costs-Admin	$	-	$	-
17B Indirect Costs-Program	$	4,527.50	$	4,527.50

State Request	$	100,080.81		
Non-State Amount				
TOTAL PROJECT COSTS			$	100,080.81

Cumulative

Budget Category	*State*		*Total*	
1A Personnel-Admin (Salaries & Wages)	$	3,833.00	$	3,833.00
1B Personnel-Program (Salaries & Wages)	$	94,450.64	$	94,450.64
2A Fringe Benefits-Admin	$	1,768.00	$	1,768.00
2B Fringe Benefits-Program	$	46,814.48	$	46,814.48
13. Direct Administrative Costs	$	-	$	-
15A Direct Training	$	86,071.45	$	86,071.45
15B Work-Based Training	$	364,680.00	$	464,680.00

Budget Narrative Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

15C Other Program costs			
15D Supportive Services	$	-	$ -
15E DWG-Technology Costs	$	4,633.74	$ 4,633.74
17A Indirect Costs-Admin	$	12,055.00	$ 12,055.00
17B Indirect Costs-Program	$	682.00	$ 682.00
	$	13,592.50	$ 13,592.50
State Request			
Non-State Amount	$	628,580.81	
TOTAL PROJECT COSTS			$ 628,580.81

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CERTIFICATION	STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: Commerce & Economic Opportunity
Organization Name: County of Lake	CSFA Description: WIA National Emergency Grants	NOFO # N/A
CSFA #: 420-30-0080	UEI # W2VMR6ZKNT21	Fiscal Year(s): 2021

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s).

Lake County Workforce Development
Institution/Organization
DocuSigned by:
Emily Mitchell
A293DB1F8B394B9...
Signature

Emily Mitchell
Name of Official

Business Manager
Title
Chief Financial Officer (or equivalent)
6/16/2023
Date of Execution

Lake County Workforce Development
Institution/Organization
DocuSigned by:
Jennifer Serino
5EEBAD21D6CE540C...
Signature

Jennifer Serino
Name of Official

Director
Title
Executive Director (or equivalent)
6/16/2023
Date of Execution

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

☐ Unilateral Modification/Waiver, no grantee signature required.

From:	Serino, Jennifer
To:	Wareham, Lorraine; Harris, Demar A.; mesekejill
Cc:	Mitchell, Emily
Subject:	[External] 21-671001 Electronic Signature Statement
Date:	Tuesday, June 20, 2023 2:19:48 PM
Attachments:	image002.png image004.png

Good afternoon – Please note in reference to Grant 21-671001

I certify that I am an authorized signatory for this organization and that I approve the grant establishment/modification for grant 21-671001

Jennifer Serino
Director | Lake County Workforce Development
1 N. Genesee Street | Waukegan, IL 60085
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