

**FY 2022 GEER II**  
**Reporting State Agency/Grantor: Illinois Community College Board**

<b>Grantee Name</b>		<b>Grant Number</b>	<b>CSFA Number</b>		<b>CFDAs</b>	<b>Appropriation Number(s) by Agency (For Agency Use Only)</b>			
			684-00-2727		84.425C				
<b>FEIN Number</b>	<b>DUNS</b>		<b>Program Name &amp; Description</b>			<b>Date Prepared</b>			
			FY22 GEER II Grant						
<b>Street Address</b>			<b>City, State, ZIP Code</b>			<b>Agreement Period</b>			
						07/01/21 - 06/30/22			
<b>Report Period:</b>	<b>Final Report for Award</b>		<b>Mandatory Match %</b>		<b>All reports must be submitted by the due dates in the grant agreement to:</b>				
	Yes	No	Yes	No					
<b>Program Restrictions:</b>	Yes	No	<b>Explanation of Restrictions:</b>		Indirect costs are limited to 8%		<a href="mailto:ICCB.grantpayments@illinois.gov">ICCB.grantpayments@illinois.gov</a>		
<b>Grant Expenditures</b>									
		<b>Due 10/30</b>	<b>Due 1/30</b>	<b>Due 4/30</b>	<b>Due 7/30</b>	<b>Current Approved Budget</b>			
<b>Category/Program Expenses</b>		<b>Quarter 1 Dates:</b> 07/1/21-09/30/21	<b>Quarter 2 Dates:</b> 10/1/21-12/31/21	<b>Quarter 3 Dates:</b> 1/1/22-3/31/2022	<b>Quarter 4 Dates:</b> 4/1/22-6/30/22	<b>Total</b>	<b>Approved Budget</b>	<b>Remaining Balance Available</b>	<b>Expend%</b>
Personnel Services (Salaries and Wages)									
Fringe Benefits									
Travel									
Equipment									
Supplies									
Contractual Services									
Consultant									
Training and Education									
Other									
Indirect Costs									
<b>TOTAL EXPENDITURES</b>									
<p><b>GRANTEE CERTIFICATION (2CFR 200.415 )</b> By signing this report, I certify to the best of my knowledge and belief that the report [or payment request] is true, complete, and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or federal pass-through award; and that supporting documentation has been submitted as required by the grant agreement. I acknowledge that approval for any other expenditure described herein shall be considered conditional subject to further review and verification in accordance with the monitoring and records retention provisions of the grant agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120).</p>									
<b>Name of Authorized Grantee Representative:</b>						<b>Date:</b>			
<b>Signature of Authorized Grantee Representative:</b>									
<b>Email:</b>						<b>Telephone</b>			
<b>State Staff Authorization:</b>				<b>Approved Date:</b>		<b>Title:</b>			