



Illinois Law Enforcement Training and Standards Board

JB Pritzker, Governor
Keith Calloway, Executive Director

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Periodic Financial and Performance Report For FY 23 Recruitment & Retention Grantees

GENERAL INFORMATION						
Grantee Name: _____					FEIN: _____	
Agreement Performance Period: _____				Report Period: _____		
Changes From Last Report: <input type="checkbox"/> Yes <input type="checkbox"/> No				Final Report: <input type="checkbox"/> Yes <input type="checkbox"/> No		
FINANCIAL INFORMATION						
Interest Earned This Period:				Total Interest Earned to Date		
Amount	A	B	C	D (B+C)	E (D/A)	F (D-A)
	Total Award Amount	Previously Reported Expenses	Expenses THIS Period	Total Spent to Date	Award Percent Expended	Remaining Award Amount
PERFORMANCE INFORMATION						
Is your performance to date consistent with the expected actions for the objective?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you believe you are on schedule with your goals of meeting the objective?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you believe that the steps taken in the last quarter will support the objective?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDITIONAL PERFORMANCE INFORMATION						
What steps did you take during this reporting period towards the objective?						
CONTINUE TO NEXT PAGE						

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What steps have you taken previously toward the objective?

What steps do you plan to take in the future toward the objective?

Do you have any questions or comments for the Board at this time?

GRANTEE CERTIFICATION

By signing this report and/or payment request, I certify to the best of my knowledge and belief that this report 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 item or 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. (18 U.S.C. §1001; 31 U.S.C. §§3729-3730 and §§3801-3812; 30 ILCS 708/ 120.)

Grantee Name & Title: _____

Phone: _____

Email: _____

FOR ILET SB STAFF ONLY

Approver Name & Title: _____

Date Received: _____

Date Approved: _____