

FY 2021 GEER Reporting
State Agency/Grantor: Illinois Community College Board

Grantee Name		CSFA Number		Appropriation Number(s) by Agency (For Agency Use Only)				
Joliet Junior College		684-00-2455						
FEIN Number	DUNS	Program Name & Description			Date Prepared			
36-2638684	69959013	FY21 GEER Grant			10/14/20			
Street Address		City, State, ZIP Code			Agreement Period			
1215 Houbolt Road		Joliet, IL, 60435			7/1/20-6/30/21			
Report Period		Mandatory Match %		Indirect Cost Rate		Indirect Cost Base:		
7/1/20-9/30/20		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
Program Restrictions:		Explanation of Restrictions:						
Yes <input type="checkbox"/> No <input type="checkbox"/>								
Category/Program Expenses	Grant Expenditures				Current Approved Budget			
	Quarter 1 Dates: 7/1/2019-9/30-19	Quarter 2 Dates: 10/1/19-12/31/19	Quarter 3 Dates: 1/1/2020-3/31/2020	Quarter 4 Dates: 4/1/2020-6/30/2020	Total	Approved Budget	Remaining Balance Available	Expend%
Personnel Services (Salaries and Wages)	839.85				839.85	38,453.48	37,613.63	2.18%
Fringe Benefits	1,248.96				1,248.96	28,214.05	26,965.09	4.43%
Travel					0.00	0.00	0.00	0.00%
Equipment					0.00	0.00	0.00	0.00%
Supplies	4,216.80				4,216.80	183,592.47	179,375.67	2.30%
Contractual Services					0.00	49,260.00	49,260.00	0.00%
Consultant					0.00	10,000.00	10,000.00	0.00%
Training and Education					0.00	6,490.00	6,490.00	0.00%
Other					0.00	22,380.00	22,380.00	0.00%
General Administration/Indirect					0.00	0.00	0.00	0.00%
TOTAL EXPENDITURES	6,305.61	0.00	0.00	0.00	6,305.61	338,390.00	332,084.39	1.86%
GRANTEE CERTIFICATION (2CFR 200.415)								
By signing [authorizing] this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [related] expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. 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).								
Name of Authorized Grantee Representative:		Date:		Title:				
Cristine Rodriguez		10/15/20		Accounting Manager				
Email:	crodrigu@jic.edu			Telephone Number:		815-280-2575		
State Staff Authorization:		Approved Date:		Title:				