

ILLINOIS COMMUNITY COLLEGE BOARD
 FY 2022 Learning Renewal/GEER II 1st Quarter Reporting Template
 Due: January 30, 2022
 Submit complete report to: ICCB.grantpayments@illinois.gov

COLLEGE:	Joliet Junior College
SUBMITTED BY: PHONE/EMAIL:	Dr. Stephanie McIntyre, Braun, Dean of Academic Intervention and Support 815-280-2824/ sbraun@jjc.edu

Provide a narrative for each section below. If you need additional space, you may expand the fields.

NARRATIVE

Describe the status of Learning Renewal Academic Support and Social Emotional Support work completed or in progress during this quarter, broken out by category. Please include direct student aid and EO 2021-20 work or funds expended.

No dollars were expended between July 1, 2021 and September 30, 2021. The fully executed GEER II Grant Agreement was signed by Dr. Judy Mitchell, representing Joliet Junior College, on November 4, 2021, and Dr. Brian Durham, representing ICCB on November 9, 2021.

DATA

Please provide a detailed summary of the data collected during the quarter on students served, broken out by Academic Support and Social Emotional Support.


NA

SUCSESSES & BARRIERS

List any successes or barriers the college encountered during the quarter, or any financial issues.

NA

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

Grantee Name		Grant Number	CFDAs	Appropriation Number(s) by Agency (For Agency Use Only)	
Joliet Junior College		GEERII-52522	84-425C		
FEIN Number	Program Name & Description				
DUNS	FY22 Learning Renewal/GEER Grant				
36-2638684	City, State, ZIP Code				
Street Address		Agreement Period			
1215 Houbolt Road		7/1/20-6/30/22			
Report Period		Mandatory Match %		All reports must be submitted by the due dates in the grant agreement to:	
7/1/21-9/30/21	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ICCB.grantpayments@Illinois.gov		
Program Restrictions:		Explanation of Restrictions:		Indirect cost not allowed.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Grant Expenditures					
Category/Program Expenses		Due 10/30	Due 1/30	Due 4/30	Due 7/30
		Quarter 5	Quarter 6	Quarter 7	Quarter 8
		Dates: 7/1/21-9/30/21	Dates: 10/1/21-12/31/21	Dates: 1/1/2022-3/31/2022	Dates: 4/1/2022-6/30/2022
Personnel Services (Salaries and Wages)	\$0.00				
Fringe Benefits	\$0.00				
Travel	\$0.00				
Equipment	\$0.00				
Supplies	\$0.00				
Contractual Services	\$0.00				
Consultant	\$0.00				
Training and Education	\$0.00				
Other	\$0.00				
TOTAL EXPENDITURES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		PY Total Expended 7/1/2020-6/30/2021	Total	Approved Budget	Remaining Balance Available
				\$40,165.19	\$40,165.19
				\$35,798.07	\$35,798.07
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$111,556.99	\$111,556.99
				\$4,474.77	\$4,474.77
				\$0.00	\$0.00
				\$15,359.98	\$15,359.98
				\$207,355.00	\$207,355.00
GRANTEE CERTIFICATION (2CFR 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 the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal 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		01/26/2022		Accounting Manager	
Signature of Authorized Grantee Representative:					
					
Email:		Telephone Number:			
crodrigu@jic.edu		815-280-2575			
State Staff Authorization:					
Approved Date:		Title:			