## FY 2021 GEER Reporting

State Agency/Grantor: Illinois Community College Board

Grantee Name			CSFA Number		Ap	Appropriation Number(s) by Agency (For Agency Use Only)			
Waubonsee Community Co	ollege		684-00-2455						
FEIN Number	DUNS		Program Name &	& Description		Date Prepared			
36-6153030 70162862		FY21 GEER Grant				7/26/2021			
Street Address			City, State, ZIP Code				Agreement Period		
Route 47 at Waubonsee Drive			Sugar Grove, IL, 60554				7/1/20-6/30/22		
Report Period			Mandatory Match %			lirect Cost Rate	Indirect Cost Base:		
Quarter 4, April 1, 2021 - June 30, 2021			Yes No						
Program Restrictions:	Yes	No	Explanation of R	estrictions:					
			Grant Expenditures				Current Approved Budget		
Category/Program Expenses	Q uarter 1 Dates: 7/1/2020- 9/30-2020		Q uarter 3 Dates: 1/1/2021- 3/31/2021	Q uarter 4 Dates: 4/1/2021- 6/30/2021		Total	Approved Budget	Remaining Balance Available	Expend%
Personnel Services (Salaries and Wages)						0.00		0.00	0.00%
Fringe Benefits						0.00		0.00	0.00%
Travel						0.00		0.00	0.00%
Equipment						0.00		0.00	0.00%
Supplies						0.00		0.00	0.00%
Contractual Services						0.00		0.00	0.00%
Consultant						0.00		0.00	0.00%
Training and Education						0.00		0.00	0.00%
Other	-	179,041.62	34,968.38	-		214,010.00	250,065.00	36,055.00	85.58%
General Administration/Indirect						0.00		0.00	0.00%
TOTAL EXPENDITURES	0.00	179,041.62	34,968.38	0.00		214,010.00	250,065.00	36,055.00	85.58%
By signing [authorizing] this and objectives set forth in th	e terms and conditio	ns of the award. I am	dge and belief that the aware that any false,	fictitious, or fraudulent i	e, and accurate, and the information, or the or		et, may subject	me to criminal, civil or a	
Name of Authorized Grantee Representative:			Date:		Tit	Title:			
Stacey Randall					Aw	Award Manager			
Email:	srandall@wau	ubonsee.edu			Te	Telephone Number: 630-466-2897			
State Staff Authorization:			Approved Date:			Title:			