FY 2021 Postsecondary Perkins Final Expenditure Close-out Report

State Agency/(Grantor): Illinois Community College Board

Grantee Name Gr			Grant Number	CSFA Number Appropriation Number(s) by Agency (For Agency Use Only)		
Waubonsee Community College CTE51621				684-00-0465					
FEIN Number DUNS		DUNS		Program Name & Description			Date Prepared		
366153030 70162862				FY 2021 Postsecondary Perkins		8/16/2021			
Street Address				City, State, ZIP Code			Agreement Period		
Rt. 47 @ Waubonsee Dr.				Sugar Grove, IL 60554			07/01/2020 Thru 06/30/2021		
Report Period				Mandatory Match %		Indirect Cost Rate	Indirect Cost Base:		
Final Expenditure Close-out Report				Yes No up to 5%		up to 5%	Total Perkins award amount		
Program Restrictions: Yes V No			No	Explanation of Restrictions: Adherence to EDGAR 2CI			FR200; Section 135b of Perkins V		
All expenses below should	l be budget to actual.								
	1		Grant E	Expenditures			Current Approved Budget		
Category/Program Expenses	Approved Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Total Expended	Total Remaining Balance	% Expended
Personnel Services (Salaries and Wages)	99,426.00	22,306.74	22,306.74	23,693.91	32,054.41	100,361.80	100,361.80	(935.80)	100.94%
Fringe Benefits	34,692.00	8,077.13	8,077.12	8,433.79	9,467.78	34,055.82	34,055.82	636.18	98.17%
Travel	-	0.00	-	-	-	0.00	_	-	0.00%
Equipment	-	0.00	-	-	-	0.00	_	-	0.00%
Supplies	134,815.00	995.00	20,500.00	56,018.76	57,413.00	134,926.76	134,926.76	(111.76)	100.08%
Contractual Services	-	0.00	-	-	-	0.00	-	-	0.00%
Consultant	2,400.00	0	-	-	2,400.00	2,400.00	2,400.00	-	100.00%
Training and Education	10,413.00	2544	6,665.00	2,219.00	(1,145.05)	10,282.95	10,282.95	130.05	98.75%
Other	28,570.00	1498.87	12,223.88	7,430.26	7,362.28	28,515.29	28,515.29	54.71	99.81%
General Administration/Indirect	15,982.00	1984.33	3,189.20	4,963.28	5,618.57	15,755.38	15,755.38	226.62	98.58%
TOTAL	326,298.00	37,406.07	72,961.94	102,759.00	113,170.99	326,298.00	326,298.00	0.00	100.00%
By signing [authorizing] th objectives set forth in the term	ns and conditions of the a	ward. I am aware tha	and belief that the re t any false, fictitious,	or fraudulent informa	, and accurate, and thation, or the omission	the [related] expenditures, disl of any material fact, may su 31, Sections 3729-3730 and 3	bject me to crimi		
Name of Authorized Grantee Representative:				Date:		Title:			
Alyson Gaspar				Ca		Career/Tech Ed Services Manager			
Email: agaspar@waubonsee.edu						Telephone Number: 630-466-2816			
Name of Authorized Grantee Representative:				Date:		Title:			
Lei Xie				08/17/2021		Director of Financial and Auxiliary Services			
Email:			nsee.edu			Telephone Number: 630-466-2913			
State Staff Authorization:				Approved Date:		Title:			