# Illinois Youth Investment Program

SHORT-TERM (ST) AND SUMMER PPR REVIEW

# Top Section

| Illinois Youth Investment Program (IYIP) Periodic Performance Report (PPR) | | | |
|---|---|---|---|
| Grantee Name (per UGA): | | Contract Number: | |
| Grantee DUNS: | | Agreement Period: | |
| Grantee FEIN: | | Report Start date: | |
| Program Name: | | Report End date: | |
| Program Contact: | | FY | |
| Email: | | Qtr | Q1 (April 1 - June 30) |
| Phone Number: | | County | |
| Service Area: (identify the Communities that were targeted for services, including the county name or the Chicago Community Area as appropriate): | | | |

- Do not leave any information blank
- Make sure you identify the specific service area for Cook county – what communities do you serve?
- Include contact information for the staff member you wish to be contacted for corrections

# Data Collection Elements

| Data Collection Elements<br>*FYTD = Fiscal Year to Date (starting 04/01/25) | During Report period | FYTD* |
|---|---|---|
| Proposed # of youth to be served under this category (insert # under *FYTD) | | |
| 1. Total number of youths referred to the program. | | **0** |
| A. Total number of youths referred to the program by DHS Local FCRC Office. | | **0** |
| 2. # of referred youth registered in Illinois workNet | | **0** |
| A. # of registered youth determined eligible for the program. | | **0** |
| **1.) # of youth accepted into the program.** | | **0** |
| 2.) # of youth discharged from the program | | **0** |

- In Q1 only, you **must** enter proposed number of youth to be served which can be located on your NOSA (this will be carried over from Q2 forward, but has to be entered in Q1)
- Total number of youths referred should typically be larger than number registered, determined eligible, and accepted (they first must be referred before they can be accepted into the program) – enter all youth referred through any means
- Make sure numbers make sense – youth should first be registered in workNet, then determined eligible, then accepted into the program (you should not have a higher number accepted than registered and determined eligible)
- Pay attention to number you list as discharged from the program (these are the only youth you should account for in the case closure section)

# Demographics

| 3. # of youth enrolled in the program by age group and gender: (enter data on table below) | | | | | | | Total should equal # of youth accepted into the program | |
|---|---|---|---|---|---|---|---|---|
| **Age Group** | **Male** | | **Female** | | **Non-Binary** | | **Totals** | |
| | During Report period | FYTD* | During Report period | FYTD* | During Report period | FYTD* | During Report period | FYTD* |
| 16 - 17 year olds | | **0** | | **0** | | **0** | **0** | **0** |
| 18 - 20 year olds | | **0** | | **0** | | **0** | **0** | **0** |
| 21 - 24 year olds | | **0** | | **0** | | **0** | **0** | **0** |
| **Totals** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

| 4. # of youth enrolled in the program by Ethnicity and Race: (enter data on table below) | | | | | Total should equal # of youth accepted into the program | |
|---|---|---|---|---|---|---|
| **Race** | **Hispanic/Latino** | | **Non-Hispanic/Latino** | | **Totals** | |
| | During Report period | FYTD* | During Report period | FYTD* | During Report period | FYTD* |
| White | | **0** | | **0** | **0** | **0** |
| Black/African American | | **0** | | **0** | **0** | **0** |
| Asian | | **0** | | **0** | **0** | **0** |
| American Indian/Alaskan Native | | **0** | | **0** | **0** | **0** |
| Native Hawaiian/Other Pacific Islander | | **0** | | **0** | **0** | **0** |
| Multi-Racial | | **0** | | **0** | **0** | **0** |
| **Totals** | **0** | **0** | **0** | **0** | **0** | **0** |

- You **must** account for any youth accepted into the program
- If you accepted 30 youth as indicated in data collection elements, you must account for all 30 in each of these sections (age/gender and race/ethnicity)

# Eligibility and Referrals

| Eligibility and Referrals<br>*FYTD = Fiscal Year to Date (starting 04/01/25) | During Report period | FYTD* |
|---|---|---|
| 5. # of youth enrolled by eligibility criteria | | |
| A. Youth residing in a household receiving TANF funds | | 0 |
| B. Youth residing in a household receiving SNAP funds | | 0 |
| C. Youth is eligible for Free/Reduced lunch | | 0 |
| D. Youth living in a single-parent household | | 0 |
| E. Youth experiencing academic difficulties | | 0 |
| F. Youth is in danger of or has been previously held back to repeat one or more academic years | | 0 |
| G. Youth experiencing truancy concerns | | 0 |
| H. Youth is reported to have behavior issues | | 0 |
| I. Youth is reported to be a victim of bullying | | 0 |
| J. Youth is reported to be a perpetrator of bullying | | 0 |
| K. Youth is unsupervised after school | | 0 |
| L. Youth has an IEP (Individual Education Plan) | | 0 |
| M. Youth has witnessed or been a victim of family violence | | 0 |
| N. Youth identifies as LGBTQ | | 0 |
| O. Youth has current or prior school expulsions or suspensions | | 0 |
| P. Youth with siblings who dropped out of school | | 0 |
| Q. Youth with siblings who are teen parents | | 0 |
| R. Youth has current or prior justice system involvement | | 0 |
| S. Youth with siblings who are involved in the juvenile justice system | | 0 |
| T. Youth with one or both parents who are incarcerated | | 0 |
| U. Youth with siblings who are gang involved | | 0 |
| V. Youth is reported to be gang-involved | | 0 |
| W. Youth has current or prior DCFS system involvement | | 0 |
| X. Youth is homeless | | 0 |
| Y. Youth is pregnant | | 0 |
| Z. Youth is parenting | | 0 |
| AA. Youth has a disability | | 0 |
| BB. Youth with no work experience | | 0 |
| CC. Youth with a history of employment failure | | 0 |
| 6. # of enrolled youth identified in # 5X above were connected to homeless services. | | 0 |
| 7. # of enrolled youth identified in # 5Y and 5Z above that were connected to pre-natal, WIC, Early Intervention and/or Family Case Management services. | | 0 |
| 8. # of enrolled youth identified in # 5AA above were connected to disability services. | | 0 |

- This section should account for any youth accepted into the program
- Youth can (and should) be listed in every category that applies
- You may have a larger number of youth listed in this section than accepted into the program to account for multiple applicable risk factors, but should not have a lower number of youth listed than accepted into the program

# Assessment and Activities

| Assessment and Activities<br>*FYTD = Fiscal Year to Date (starting 04/01/25) | During Report period | FYTD* |
|---|---|---|
| 9. # of enrolled youth completing an Illinois workNet Employment 101 pre-assessment evaluation. | | 0 |
| A. # completing the required Employment 101 activities in Illinois workNet | | 0 |
| B. # completing an Illinois workNet Employment 101 post-assessment evaluation | | 0 |
| C. # of youth demonstrating work readiness skills improvement based on the Employment 101 Post assessment | | 0 |
| 10. # of youth completing Career Clusters Inventory in Illinois workNet | | 0 |
| 11. # of enrolled youth participating in career education activities utilizing Illinois Pathways strategies | | 0 |
| 12. # of youth completing the Illinois Essential Employability Skills assessment | | 0 |
| A. # of youth participating in skill development activities to build the Essential Employability Skills | | 0 |
| B. # of youth receiving a Worksite Professional Skills Assessment measuring attainment of the Illinois Essential Employability Skills | | 0 |
| C. # of youth demonstrating attainment of the Illinois Essential Employability Skills through a Worksite Professional Skills Assessment | | 0 |
| 13. # of enrolled youth assessed for Supportive Services. | | 0 |
| A. # of youth assessed requiring Employment Support Services | | 0 |
| a. # that received Employment Support Services | | 0 |
| B. # of youth assessed that required Social Emotional Support Services | | 0 |
| a. # that received Social Emotional Support Services | | 0 |
| C. # of enrolled youth completing an initial Casey Life Skills Assessment | | 0 |
| a. # participating in Life Skills Education | | 0 |
| b. # demonstrating increased Life Skills (to be tracked by skill area) | | 0 |
| D. # of enrolled youth participating in anger management and/or conflict resolution. | | 0 |
| a. # demonstrating improved anger management and/or conflict resolution skills. | | 0 |
| 14. # of enrolled youth with an individualized case plan developed | | 0 |
| A. # completing 50% or more of short-term case plan goals | | 0 |
| B. # completing 100% of short-term case plan goals | | 0 |
| 15. # of non-DHS FCRC referred youth completing an application in ABE to determine benefits/services eligibility | | 0 |
| 16. # of enrolled youth with a Career Plan developed | | 0 |

- This section can include all youth enrolled in the program as you will be completing assessments and activities throughout enrollment, but should only account for activities completed this quarter
- Complete this section fully to demonstrate the work you are doing with your youth

# Secondary and Post-Secondary Education

| Secondary and Post-Secondary Education<br>*FYTD = Fiscal Year to Date (starting 04/01/25) | During Report period | FYTD* |
|---|---|---|
| 17. Total # of youth with a HS Diploma at enrollment | | 0 |
| 18. Total # of youth with a GED at case enrollment | | 0 |
| 19. # of out-of-school youth without a HS Diploma or GED at enrollment. | | 0 |
| A. # engaged in education to acquire either a HS diploma or GED | | 0 |
| B. # with a HS Diploma at case closure | | 0 |
| C. # with a GED at case closure | | 0 |
| 20. # of youth enrolled in career/higher education program (includes technical/certificate) at enrollment | | 0 |
| 21. # of youth enrolled in career/higher education program (includes technical/certificate) at case closure | | 0 |

- Enter data appropriately as it relates to either at the time of enrollment or case closure
- For #19, A-C applies to youth that first qualify as “without a HS Diploma or GED at enrollment”

# Employment Placements

| Employment Placements<br>*FYTD = Fiscal Year to Date (starting 04/01/25) | During Report period | FYTD* |
|---|---|---|
| 22. # of employer partnerships (new & established) | | 0 |
| 23. # of part-time subsidized job placements | | 0 |
| 24. # of part-time non-subsidized job placements | | 0 |
| 25. # of full-time subsidized job placements | | 0 |
| 26. # of full-time non-subsidized job placements | | 0 |
| 27. # of part-time subsidized job placements converted to non-subsidized | | 0 |
| 28. # of full-time subsidized job placements converted to non-subsidized | | 0 |
| 29. # of youth in employed part-time at case closure | | 0 |
| 30. # of youth in employed full-time at case closure. | | 0 |

- You should have at least 1 employer partnership established, but can have more
- #23-#26 should account for all placements during the quarter (the FYTD column will auto-calculate)
- #27-#28 should include any initial placements that are eventually converted (do not list as new placements again, simply indicate how many have converted to another type of placement)
- #29-#30 only apply to youth that have been discharged
- You will need to ensure that that any placements listed in this section are also accounted for in the program placement summary form (and that any placements included in the summary form are accounted for here)

# Subsidies, Wages, and Incentives

| Subsidies, Wages and Incentives<br>*FYTD = Fiscal Year to Date (starting 04/01/25) | During Report period | FYTD* |
|---|---|---|
| 31. Average length of subsidy/stipend for youth receiving a subsidy/stipend (in days) | | 0 |
| 32. # of youth that did not receive any subsidy/stipend during their enrollment | | 0 |

- Calculate and enter average length based on subsidies/stipends provided
- Enter total number of youth that received no subsidy/stipend whatsoever

# Case Closure

| Case Closure<br>*FYTD = Fiscal Year to Date (starting 04/01/25) | During Report period | FYTD* |
|---|---|---|
| *Answer the following questions for youth who have been discharged from the program* | | |
| 33. At case closure: | | |
| A. # of youth completing a minimum of 180 hours of entry-level work experience | | 0 |
| B. # of youth completing a "Work-Based Learning" opportunity | | 0 |
| C. # of youth continuing in a "Work-Based Learning" opportunity | | 0 |
| D. # of youth completing a "Career Development Experience" | | 0 |
| E. # of youth continuing in a "Career Development Experience" | | 0 |
| F. # of youth completing a "Pre-Apprenticeship Program" | | 0 |
| G. # of youth continuing in a "Pre-Apprenticeship Program" | | 0 |
| H. # of youth completing a "Youth Apprenticeship Program" | | 0 |
| I. # of youth continuing in a "Youth Apprenticeship Program" | | 0 |
| J. # of youth completing a "Registered Apprenticeship Program" | | 0 |
| K. # of youth continuing in a "Registered Apprenticeship Program" | | 0 |
| L. # of youth completing a "Non-Registered Apprenticeship Program" | | 0 |
| M. # of youth continuing in a "Non-Registered Apprenticeship Program" | | 0 |

- The case closure section is for discharged youth only
- The number of youth you account for here should align with the number of youth you listed in the data collection elements section as “discharged”
- Only account for measures met upon discharge for each youth

# Program Placement Summary Form

| Short-Term Year to Date Program Placement Summary Form | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Paid Work Experience | | Fiscal Year to Date (starting 04/01/25) Initial and Completed Placements | | | | | | Report on Youth Exiting the Program; Fiscal Year to Date (starting 04/01/25) | | | |
| Work Based Learning | Career Cluster * | Total # youth Placed | # of youth placed within 30 days | # subsidized placements | # unsubsidized placements | # placements with stipends | # of placements completed | # of youth applying for an apprenticeship | # of youth accepted to an apprenticeship | # of youth accepted into other Articulated Postsecondary Education | # of youth in long term unsubsidized employment |
| **Internships** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| enter name(s) of internship | enter Career Cluster | | | | | | | | | | |
| | enter Career Cluster | | | | | | | | | | |
| | enter Career Cluster | | | | | | | | | | |
| | enter Career Cluster | | | | | | | | | | |
| | enter Career Cluster | | | | | | | | | | |
| | enter Career Cluster | | | | | | | | | | |

- This section accounts for YTD data, so from Q2 forward you will need to copy and paste data from the previous quarter along with entering new placements for the quarter you are completing
- There are multiple sections in this form to account for different types of placements – make sure you list your placements in the right employment category
- For each placement, include the name of the employer
- Identify career cluster for the placement by choosing the correct cluster from the drop-down box
- First enter total # of all youths placed, then break down by other measures (# of those youths placed within 90 days, # subsidized, # unsubsidized, stipends, etc.)
- Measures to the right should be reported for those discharged from the program
- Placements entered into the program placement summary form should generally align with number of placements accounted for in the employment placements section (with the exception of continuation grants that may have carryover youth and may be working with a higher number of youth than new youth entered into the program this year)

# Performance Measures and Standards

| Performance Measures and Standards | | | |
|---|---|---|---|
| *Under each perfomance measure please detail your accomplishments/results during the reporting period. If you are not on track to meet the performance measure please provide justification or explanation.* | | | |
| PM1. 100% of proposed youth will be served in the program. | **Acceptable performance** | **90%** | #DIV/0! |
| *In this box, please detail your accomplishments/results during the reporting period. If you are not on track to meet the performance measure please provide justification or explanation.* | | | |
| PM2. 100% of youth will be placed in a Paid Work Experience or a Pre-Apprenticeship Program. | **Acceptable performance** | **90%** | #DIV/0! |
| *In this box, please detail your accomplishments/results during the reporting period. If you are not on track to meet the performance measure please provide justification or explanation.* | | | |
| PM3. 100% of youth will be placed within 1 month (30 days) of enrollment. | | % of placed youth | % of served youth |
| | **Acceptable performance** **70%** | #DIV/0! | #DIV/0! |
| *In this box, please detail your accomplishments/results during the reporting period. If you are not on track to meet the performance measure please provide justification or explanation.* | | | |
| PM4. 100% of youth placed in a Paid Work Experience will complete that Work Experience (minimum 180 hours.) | **Acceptable performance** | **70%** | #DIV/0! |
| *In this box, please detail your accomplishments/results during the reporting period. If you are not on track to meet the performance measure please provide justification or explanation.* | | | |
| PM5. 100% of youth placed in a Pre-Apprenticeship Program will complete that Pre-Apprenticeship Program. | **Acceptable performance** | **80%** | #DIV/0! |
| *In this box, please detail your accomplishments/results during the reporting period. If you are not on track to meet the performance measure please provide justification or explanation.* | | | |
| PM6. 100% of youth completing a a Pre-Apprenticeship Program will either: have an application pending or have been accepted into a Registered or Non-Registered Apprenticeship Program | **Acceptable performance** | **85%** | #DIV/0! |
| *In this box, please detail your accomplishments/results during the reporting period. If you are not on track to meet the performance measure please provide justification or explanation.* | | | |

- The actual measures in this section will auto-calculate based on information entered within the PPR (you will not need to enter anything in these boxes)
- The only area where you can enter information in this section is in the boxes below each measure (if you want to include explanation or information that is specific to your program)
- Be aware most measures are not expected to have met expectations until the end of the program year, so do not worry if you are not immediately meeting each of the measures and standards

# Grant Agreement Specific Conditions

| GRANT AGREEMENT SPECIFIC CONDITIONS | | |
|---|---|---|
| Category | Conditions? | Condition/corrective action |
| ICQ (Internal Control Questionaire) | | *If yes, briefly list each condition/corrective action in this box* |
| Progress toward remediation | | *If applicable, describe progress toward remediation in this box* |
| MBR (Merit Based Review) | Conditions? | Condition/corrective action |
| | | *If yes, briefly list each condition/corrective action in this box* |
| Progress toward remediation | | *If applicable, describe progress toward remediation in this box* |
| PRA ( Programmatic Risk Assessment) | Conditions? | Condition/corrective action |
| | | *If yes, briefly list each condition/corrective action in this box* |
| Progress toward remediation | | *If applicable, describe progress toward remediation in this box* |
| Performance Accomplishment Correlated to Reported Expenditures | | |
| *In this box, Indicate and explain whether program performance is consistent with expected services and expenditures/earnings.* | | |

- Do not leave this section blank
- For each condition, simply choose “yes” or “no” from the drop-down box indicating if the condition applies to your program
- If you choose “yes”, you must provide some explanation as to the condition and any progress to date

# Signatures and Certifications

| Signatures and Certifications | | | | |
|---|---|---|---|---|
| GRANTEE CERTIFICATION (2 CFR 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, cash receipts and reported performance 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 and Title of Authorized Individual from Grant Organization: | Name: | | Phone Number: | |
| | Title: | | email: | |

- Do not leave this section blank – it is required to sign your PPR each quarter
- Provide the name, title, and contact information of the signer
- A typed “signature” is fine

# Additional Notes and Information

- PPRs are due quarterly, within 30 days following the end of the quarter
- Even if your program enrolled no new youth that quarter, the PPR must be submitted (you will simply list 0 for measures that do not apply)
- All new PPR submissions for the quarter have to be submitted to the bureau email in order to be properly tracked:

  DHS.PositiveYouthDevelopment@illinois.gov

- Resources for completing the PPR can be found on the workNet Partner Page:

  https://www.illinoisworknet.com/partners/CYEPpartners/Pages/TrainingMaterials.aspx

- Please review any feedback emails requesting corrections as soon as possible and resubmit by responding to the email thread
- Any time you correspond through email, please include the name of your grant program and the specific grant you are referencing (last 4 digits)