

2026 PPR/PFR Training & Practice Session

Financial Reporting Made Easier



Session Facilitators

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PURPOSE

Illinois Works is implementing **standardized financial reporting practices** to improve consistency, reduce follow-up requests, and expedite reimbursement approvals. Clear, complete, and aligned documentation supports timely payments.

HOW FINANCIAL REPORTING WORKS

- Financial reporting functions as a **system**. PPRs, PFRs, the Ledger, and Supporting Documentation must align. A mismatch in any component may delay approval.

THE LEDGER

- Every expense must be listed **completely and accurately**. No blank fields or 'N/A'. Reviewers use the Ledger as their primary reference point.

ALIGNMENT

- Dates, amounts, and hours** must align across the Ledger, supporting documentation, Attendance Rosters, and IWRS. *Misalignment is the most common cause of delays.*

SUPPORTING DOCUMENTATION

PROOF OF EXPENSE

Invoices, receipts, payroll records, agreements

PROOF OF PAYMENT

Bank or credit card statements with transactions highlighted

ADDITIONAL DOCUMENTATION

Time & Effort Worksheets, reimbursement details, stipend acknowledgments, barrier reduction documentation

⚠ Missing one bucket = follow-up

ORGANIZING & SUBMISSION

- Create **one PDF per expense category**, in chronological order, matching the Ledger exactly. Reports are due per the Grant Agreement and submitted via **Illinois Works OneDrive**.

FOLLOW-UP STEP

- If clarification is needed, you will receive **specific feedback** identifying the issue. Review the feedback carefully and:
 - Correct any discrepancies in your Ledger or documentation
 - Ensure alignment across all related records
 - Resubmit corrected documents via **OneDrive**
- ⚡ Prompt response accelerates approval**



Key Takeaway

Clear, complete, and aligned documentation **speeds approvals** and **protects funding**.



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

Report Transmittal

1. Grantee Name (per UGA): Grantee XYZ		2. Grant Number: 26-8610XX		3. Grantee UEI: 1111222223333	
		4. CSFA Number: 420-30-2614		5. Grantee FEIN: 545454545454	
6. Program Name (per UGA): Illinois Works Pre-apprenticeship Program				7. CFDA Number(s): n/a	
8. State Agency (Grantor): State of Illinois Department of Commerce and Economic Opportunity					
9. Agreement Period:			10. Report Period End Date:		
Start Date (Month/Day/Year): 01/01/2026		End Date (Month/Day/Year): 12/31/2026		(Month/Day/Year): 03/31/2026	
11. Final Report?		12. Report Frequency:		13. Prepared Date: 04/01/2026	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Other (specify):			
Responses to Sections 14 - 22 may be provided in a separate format. All grantees must complete Section 23.					
<input checked="" type="checkbox"/> Alternative file or database used.					
File Name or Database Source:					
IL Works Reporting System (IWRS)					
14. Deliverable (if applicable): (Separate line for each based on UGA)		15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	
Report program activities, real-time, using the Illinois Works Reporting System (IWRS).		12/31/2026			
Comply with the current Illinois Works Pre-Apprenticeship Grantee Manual guidance on the delivery of all required services.		12/31/2026			
				Add - Delete	
				ADD DEL	
				ADD DEL	



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14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete	
Participate in virtual meetings such as Illinois Works Professional Development/Technical Assistance. Program administrators must also attend in person meetings such as the Illinois Works Annual Conference and Regional Meeting.	12/31/2026		1/28/2026 - Attended Administrator Orientation	ADD DEL	
18. Performance Measures: (Separate line for each based on UGA Exhibit E)	19. Performance Standard-Frequency (Based on UGA Exhibit F)	20. Results - Accomplishments in Reporting Period		21. Required (R) or Inform Only (IO)	Add - Delete
					ADD DEL



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22. Performance Explanation - Award to Date:		Add - Delete
<input checked="" type="checkbox"/> All performance accomplishments are on schedule with performance standards. <input type="checkbox"/> Not all performance accomplishments are on schedule with performance standards. Explanation(s) required below: (Separate lines as appropriate.)		
		ADD
		DEL
23. Performance Accomplishments Correlated to Reported Expenses:		Add - Delete
<input checked="" type="checkbox"/> Performance is consistent with grant-to-date expected services and expenditures/earnings. <input type="checkbox"/> Performance is not consistent with grant-to-date expected services and expenditures/earnings. Explanation(s) required below: (Separate lines as appropriate.)		
		ADD
		DEL

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).

24. Name and Title of Authorized Individual from <u>Grantee Organization</u> :	25. Phone Number
	26. Email Address:

STATE AGENCY USE ONLY

27. Name and Title of <u>State Agency</u> PPR Approver:	28. Date Received:	28. Date Approved:



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PERIODIC FINANCIAL REPORT

(a) Grantee Name Grantee XYZ		(b) Grant Number 26-8610XX	(c) CSFA 420-30-2614	(d) CFDA(s) n/a	(e) Appropriation Number(s) (State Agency Use Only)		
(f) FEIN Number 545454545454	(g) UEI	(h) Program Name and/or Code State of Illinois Department of Commerce and Economic Opportunity Illinois Works Pre-apprenticeship Program				(i) Date Prepared February 1, 2026	
(j) Agreement Period 01/01/2026 thru 12/31/2026		(k) Report Period 01/01/2026 thru 01/31/2026		(l) Final Report for Award Period <input type="checkbox"/>	(m) No changes from prior reporting period and/or No new expenses <input type="checkbox"/>		
(n) Indirect Cost Rate: %		(o) Approved Indirect Cost Base:					
(p) Program Restrictions: Yes <input type="checkbox"/> No <input type="checkbox"/>		(q) List of Restrictions:					
(r) Mandatory Match %: Yes <input type="checkbox"/> No <input type="checkbox"/>		(s) Specify Match:					
(t) Program Income (Award to Date)	(u) Program Income (In current reporting period)	(v) Interest earned (Award to Date)	(w) Interest earned (In current reporting period)				

(x) Category/Program Expenses	(y) Current Approved Budget			(z) Grant Expenditures				(aa) Current Period Match			(bb) Total Match (Award to Date)	Add/ Delete Row
	Approved Budget	Remaining Balance Available	Expend %	Current Period Grant Expense	Prior Approved Grant Expenses	Grant Expense Adjustment	Post-Adjustment Grant Expenses (award to date)	Cash	In-kind	Total		
1001 - Personnel	125,000.00	123,640.00	1.09	1,360.00	0.00		1,360.00					ADD DEL
1002 - Fringe Benefits	15,000.00	14,813.00	1.25	187.00	0.00		187.00					ADD DEL
1003 - Travel	4,000.00	3,920.00	2.00	80.00	0.00		80.00					ADD DEL
1004 - Equipment	5,000.00	5,000.00	0.00	0.00	0.00		0.00					ADD DEL
1005 - Supplies	20,000.00	19,190.00	4.05	810.00	0.00		810.00					ADD DEL
1006 - Contractual	40,000.00	40,000.00	0.00	0.00	0.00		0.00					ADD DEL
1009 - Occupancy	27,000.00	27,000.00	0.00	0.00	0.00		0.00					ADD DEL
1012 - Training	4,000.00	4,000.00	0.00	0.00	0.00		0.00					ADD DEL



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	Approved Budget	Remaining Balance Available	Expend %	Current Period Grant Expense	Prior Approved Grant Expenses	Grant Expense Adjustment	Post-Adjustment Grant Expenses (award to date)	Cash	In-kind	Total		
1014 - Miscellaneous	200,000.00	199,255.00	0.37	745.00	0.00		745.00					ADD DEL
(cc) TOTAL DIRECT EXPENSES	440,000.00	436,818.00	0.72	3,182.00	0.00		3,182.00					
(dd) Indirect Costs	60,000.00	59,634.45	0.61	365.55	0.00		\$365.55					
(cc) TOTAL EXPENDITURES	500,000.00	496,452.45	0.71	3,547.55	0.00		3,547.55					



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(ff) Name and Title of Authorized Grantee Representative:

(gg) Date Submitted:

(hh) E-mail:

(ii) Telephone Number:

STATE AGENCY USE ONLY

(jj) Name and Title of State Agency Individual Authorized to Approve Report:

(kk) Date Received:

(ll) Date Approved:

Grantee XYZ

Grant# 26-8610XX

Grant Term: 1/1/2026 to 12/31/2026

Category/Program Expenses	Approved Budget	Total Reported
1001 - Personnel	\$125,000.00	\$1,360.00
1002 - Fringe Benefits	\$15,000.00	\$187.00
1003 - Travel	\$4,000.00	\$80.00
1004 - Equipment -non construction	\$5,000.00	\$0.00
1005 - Supplies	\$20,000.00	\$810.00
1006 - Contractual & Subawards	\$40,000.00	\$0.00
1007 - Consultant	\$0.00	\$0.00
1009 - Occupancy (Rent/Utilities)	\$27,000.00	\$0.00
1011 - Telecommunications	\$0.00	\$0.00
1012 - Training & Education	\$4,000.00	\$0.00
1013 - Direct Administrative Costs	\$0.00	\$0.00
1014 - Miscellaneous Costs	\$200,000.00	\$745.00
1017 - Indirect	\$60,000.00	\$365.55
Total Expenses	\$500,000.00	\$3,547.55

1001 - Personnel

Invoice No. / Employee ID	Date of Invoice / Pay Period	Amount Charged to Grant	Vendor - Employee Name	Description of Work - Position Title including % of Pay	Check # / Direct Deposit ID / ACH ID	Check Date	Check Amount	Report Period	Notes
1001-1	1/1/2026 - 1/31/2026	\$1,360.00	Sandra Williams	Outreach & Recruitment Coordinator - 50%	ACH	1/31/2026	\$2,750.00	1/1/2026 to 1/31/2026	

Total Expenses**\$1,360.00**

1003 - Travel

Invoice No.	Date of Invoice	Amount Charged to Grant	Vendor	Description of Work	Check # / Credit Card	Date	Amount	Report Period	Notes
1003-1	1/27/2026	\$80.00	Sandra Williams	Grant Operations Travel - Builders Convention attendance	ACH	1/31/2026	\$80.00	1/1/2026 - 1/31/2026	

Total Expenses	\$80.00
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1005 - Supplies

Invoice No.	Date of Invoice	Amount Charged to Grant	Vendor	Description of Work	Check # / Credit Card	Date	Amount	Report Period	Notes
115	1/16/2026	\$810.00	Springfield Construction Supplies	Construction Lab Equipment - lumber	4013	1/16/2026	\$810.00	1/1/2026 - 1/31/2026	

Total Expenses **\$810.00**

1014 - Miscellaneous Costs

Invoice No.	Date of Invoice	Amount Charged to Grant	Vendor	Description of Work	Check # / Credit Card	Date	Amount	Report Period	Notes
1014-1	1/5/2026	\$20.00	Sangamon Mass Transit District	Barrier Reduction Fund - Sarah Johnson bus pass	x4569	1/4/2026	\$20.00	1/1/2026 - 1/31/2026	
2001	1/9/2026	\$450.00	Springfield Childcare	Barrier Reduction Fund - Sarah Johnson childcare	4014	1/9/2026	\$450.00	1/1/2026 - 1/31/2026	
1056894	1/9/2026	\$275.00	Sarah Johnson	Stipend - 1/5 to 1/9/26	1027	1/26/2026	\$275.00	1/1/2026 - 1/31/2026	

Total Expenses**\$745.00**

1017 - Indirect Costs

Budget Line Item	Total of Line	Amount of Indirect Charged Back to the Grant	Report Period	Notes
Personnel, Fringe, Travel, Supplies	\$ 2,437.00	\$ 365.55	1/1/2026 - 1/31/2026	

Total Expenses

\$365.55