|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DOTLOGO2 | | | | | **Economic Development Program**  **Employment Reporting - Initial Application** | |
|  | | | | | | |
|  | | | | | | |
| Date of Application |  | | | | |  |
|  | | | | | | |
| Application Tracking Number | | |  | | | |
| (Assigned by IDOT) | | | | | | |
|  | | | | | | |
| **COMPANY INFORMATION** | | | | | | |
|  | | | | | | |
| Name of Company | | | |  | | |
|  | | | | | | |
| Chief Officer or Authorized Designee | | | |  | | |
|  | | | | | | |
| Title | | | |  | | |
|  | | | | | | |
| Address | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | | | | |
| Phone Number | | | |  | | |
|  | | | | | | |
| E-mail Address | | | |  | | |
| (required) | | | |  | | |
| FEIN Number | | | |  | | |
|  | | | | | | |
| Standard Industrial Classification Number (SIC #) | | | |  | | |
|  | | | | | | |
| North American Industry Classification System (NAICS) | | | |  | | |
|  | | | | | | |
| Project Site | | | |  | | |
| (City and Zip Code where employees,   new or retained, are to be located.) | | | | | | |
|  | | | | | | |
|  | | | | | | |
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| **SPONSOR INFORMATION** | | | | | | |
|  | |  | | | | |
| Sponsor (Unit of Government) | |  | | | | |
|  | | | | | | |
| Contact Person | |  | | | | |
|  | | | | | | |
| Title | |  | | | | |
|  | | | | | | |
| Address | |  | | | | |
|  | |  | | | | |
|  | |  | | | | |
|  | | | | | | |
| Phone Number | |  | | | | |
|  | | | | | | |
| For information about IDOTs collection and use of confidential information review the department’s [Identity Protection Policy](http://www.idot.illinois.gov/Assets/uploads/files/Doing-Business/Laws-&-Rules/Chief-Counsel/Statement%20of%20Purpose%20for%20Collection%20of%20Identification%20Numbers.pdf). | | | | | | |

**Number of Employees at the Time of Application**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Classification | Hourly Wage Scales and/or Annual Salaries by Classification | Total Number of Positions | Permanent Full-Time | Part-Time | Temporary |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
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|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
| **TOTAL:** | | 0 | 0 | 0 | 0 |

**Number of Employees Agreed to be Created as the Result of Assistance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Classification | Hourly Wage Scales and/or Annual Salaries by Classification | Total Number of Positions | Permanent Full-Time | Part-Time | Temporary |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
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|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
| **TOTAL:** | | 0 | 0 | 0 | 0 |

Note: The employee information should be for the specific site for which IDOT assistance was received.

**Number of Employees Agreed to be Retained as the Result of Assistance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Classification | Hourly Wage Scales and/or Annual Salaries by Classification | Total Number of Positions | Permanent Full-Time | Part-Time | Temporary |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
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|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
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|  | $ |  |  |  |  |
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|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | **TOTAL:** | 0 | 0 | 0 | 0 |

Note: The employee information should be for the specific site for which IDOT assistance was received.

|  |  |  |  |
| --- | --- | --- | --- |
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|  | | | |
| Amount of Economic Development Program  Funds committed to this project from IDOT | $ |  |  |
|  | | | |
|  | | | |
| Starting Date of Assistance  (Execution date of Local Intergovernmental Agreement) |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I,       As the Chief Officer (or authorized designee of the recipient) verify that the information in the progress report contains no knowing misrepresentation of material facts upon which eligibility for development assistance is based. I further certify that, to the best of my knowledge, the recipient is in compliance with the development assistance agreement(s) between, or behalf of, the recipient and the Illinois Department of Transportation. | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | |  |  | |  |
| Signature | | Date | | | |
|  | | | | | |
|  | | | | | |
|  | |  | | | |
| Title | |  | | | |
|  | | | | | |
|  | | | | | |
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|  | | | | | |
| Granting Body of Economic Development Program Funds: | | | | Illinois Department of Transportation  Director of Office of Planning and Programming  2300 South Dirksen Parkway  Springfield, Illinois 62764 | |
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| Please mail form to: | Illinois Department of Transportation  Bureau of Programming  Office of Planning and Programming, Rm. 307  2300 South Dirksen Parkway  Springfield, Illinois 62764 | | | | |
|  | | | | | |
|  | Attn: Economic Development Program | | | | |
|  | | | | | |
|  | Phone (217) 782-0378 | | | | |