



STATE OF ILLINOIS
PERIODIC PERFORMANCE REPORT

Report Transmittal

1. Grantee Name (per UGA): Village of Schaumburg		2. Grant Number: 2025 0231		3. Grantee UEI: DH35E8UQTG79	
6. Program Name (per UGA): FY25 ILETSB Law Enforcement Careers Grant		4. CSFA Number: 569-00-3496		5. Grantee FEIN: 362491861	
8. State Agency (Grantor): Illinois Law Enforcement Training and Standards Board		7. Assistance Listing Number(s):			
9. Agreement Period: Start Date (Month/Day/Year): 7/1/2024 End Date (Month/Day/Year): 6/30/2025		10. Report Period End Date: (Month/Day/Year): 9/30/2024		13. Prepared Date: 10/24/25	
11. Final Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12. Report Frequency: <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Other (specify):			
<p>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.</p>					
File Name or Database Source: See Attached Documents as required by Exhibit D.					
14. Deliverable (if applicable): (Separate line for each based on UGA)		15. Due Date (based on UGA)		16. Date Completed	
17. Deliverable Explanation:		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	



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22. Performance Explanation - Award to Date: <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 - Delete
23. Performance Accomplishments Correlated to Reported Expenses: <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 - Delete

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 Grantee Organization: Hiroshi Wata Admin Mgr.	25. Phone Number 847 348 7060
26. Email Address: hiroshi@shamburg.com	

STATE AGENCY USE ONLY

27. Name and Title of State Agency PPR Approver:	28. Date Received:
28. Date Approved:	