Use your "Mouse" or "Tab" key to move through the fields, and the mouse to mark check boxes. After completing last field, save document to hard drive to make future updates or click print button.

FISCAL YEAR
AGREEMENT NUMBER

ILLINOIS STATE BOARD OF EDUCATION
Nutrition and Wellness Programs Division
100 North First Street, W-270
Springfield, Illinois 62777-0001
800-545-7892
FAX: 217-524-6124 TTY: 217-782-1900

Child and Adult Care Food Program
DAY CARE HOME SPONSORING ORGANIZATION APPLICATION

INSTRUCTIONS: *Submit all copies to the Illinois State Board of Education (address above).*

1. NAME AND ADDRESS OF SPONSORING ORGANIZATION (Provide complete official name, street address, city, and zip.)		2. MAILING ADDRESS (If mailing address is the same as street address, write "**Same**.")
3. COUNTY FOR PHYSICAL ADDRESS		4. COUNTY FOR MAILING ADDRESS
5. NAME OF AUTHORIZED REPRESENTATIVE		TITLE OF AUTHORIZED REPRESENTATIVE
6. TELEPHONE (Include Area Code) (Ext.)	FAX (Include Area Code)	E-MAIL ADDRESS
7. NAME OF CONTACT PERSON (If same as above, write same.)		TITLE OF CONTACT PERSON
8. TELEPHONE (Include Area Code) (Ext.)	FAX (Include Area Code)	E-MAIL ADDRESS
9. FEIN NUMBER (Federal Employee ID#)		10. PROGRAM OPERATION DATES BEGINNING DATE _____ ENDING DATE _____

11. SPONSOR ELECTS TO RECEIVE	(Check (✔) only one box.)	☐ **Cash in Lieu of Government-Donated Commodities**	☐ **Government-Donated Commodities**
12. DAY CARE HOME SPONSOR REQUEST FOR ADVANCE ADMINISTRATIVE PAYMENT	(Check (✔) only one box.)	☐ **Full Administrative Advance Payment**	☐ **No Administrative Advance Payment**

13. FEDERAL FUNDS/OFFICE OF MANAGEMENT AND BUDGET, A-133 REQUIREMENTS WHAT TYPE OF ENTITY IS YOUR ORGANIZATION? (Check (✔) appropriate area.)	☐ **Not-For-Profit Faith Based**	☐ **Not-For-Profit Secular**	☐ **Public**	☐ **Federal Agency**

14. AUDIT INFORMATION
What is the end date of your organization's fiscal year? _____

Not complying with these audit requirements will result in determining your organization seriously deficient.

☐ **YES** ☐ **NO** 1. Will your organization expend $750,000 or more in federal funds during your organization's established fiscal year?

☐ **YES** ☐ **NO** 2. Do you agree to send this agency a copy of your organization's single audit, program-specific audit or appropriate written documentation as specified in 2CFR200 within 30 days after receipt of auditor's report or within nine months of the end of the fiscal year, whichever is earlier?

☐ **YES** ☐ **NO** 3.Do you agree to submit a copy of the single audit to the Federal Audit Clearinghouse?

15. LIST PUBLICLY FUNDED PROGRAMS YOUR INSTITUTION (AND KEY INDIVIDUALS) HAS PARTICIPATED IN DURING THE PAST SEVEN YEARS.

☐ **YES** ☐ **NO** 1. Illinois State Board of Education - Child and Adult Care Food Program or other funding

☐ **YES** ☐ **NO** 2. Illinois Department of Human Services - Subsidized Child Care Benefits, Head Start or other funding

☐ **YES** ☐ **NO** 3. Department of Children and Family Services - Protective Care or other funding

4. Other _____

5. Other _____

6. Other _____

☐ **YES** ☐ **NO** 7. During the past seven years the institution (or key individuals involved in the management of the institution) was declared ineligible to participate in any publicly funded program because of violating that program's requirements.

☐ **YES** ☐ **NO** If **yes**, has the institution (or key individuals) been fully reinstated in or determined eligible for funding for that public program?

☐ **YES** ☐ **NO** If **yes**, **mail a copy of the official documentation of that reinstatement to this agency and agree to the certification statement below.**

If **no**, your organization is not eligible to participate in CACFP. **Please do not submit this application.**

16. CERTIFICATION

I CERTIFY the information on this document is true and correct to the best of my knowledge, and this institution will comply with the rights and responsibilities outlined in the Permanent Agreement.

I AGREE that neither the institution nor any of its key individuals has been convicted during the past seven years of any activities that indicate a lack of business integrity. Lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstructing justice, or any other activities indicating a lack of business integrity as defined by the State Agency. Any institution or individual providing false certifications will be placed on the national disqualified list and will be subject to any other applicable civil or criminal penalties.

I UNDERSTAND there is a $25,000 fine for embezzling, willfully misapplying, stealing, or obtaining by fraud, funds, assets or property acquired under the National School Lunch Act or Child Nutrition Act.

Date	Signature of Sponsor Representative	Title

RETURN ALL COPIES TO ILLINOIS STATE BOARD OF EDUCATION

Print Reset Form