ILLINOIS STATE BOARD OF EDUCATION

100 North First Street, W-270
Springfield, Illinois 62777-0001

CHILD AND ADULT CARE FOOD PROGRAM SPONSOR APPLICATION

NUTRITION DEPARTMENT

INSTRUCTIONS: *Complete all information below and return to the above address.*

1. NAME OF SPONSOR OR SPONSORING ORGANIZATION	**2**. COUNTY	**3**. FEIN NUMBER
ADDRESS (Street, City, State, ZIP Code)	**4**. MAILING ADDRESS (Street, City, State, ZIP Code) (If mailing address is the same as physical address, leave blank)	
5. NAME OF AUTHORIZED REPRESENTATIVE (First, Last)	TITLE	BIRTHDATE (mm/dd/yyyy)
TELEPHONE (Include Area Code and Ext.)	FAX (Include Area Code)	EMAIL
6. NAME OF CONTACT PERSON (First, Last)	TITLE	BIRTHDATE (mm/dd/yyyy)
TELEPHONE (Include Area Code and Ext.)	FAX (Include Area Code)	EMAIL

7. ELIGIBILITY

☐ Public Entity ***(Complete numbers 8 and 9)***
☐ Not-For-Profit, (IRS) Federal Tax-Exempt conforming to the original ruling from the Internal Revenue Service (IRS) **(Complete numbers 8 and 9)**
☐ Private For-Profit **Check (✓) box below**
☐ Corporation ***(Complete numbers 8 and 9)*** ☐ Sole Proprietorship ***(Complete number 8 only)***

8. NAME OF EXECUTIVE DIRECTOR OR OWNER IF PRIVATE-FOR-PROFIT	**9**. NAME OF CHAIRPERSON OF THE BOARD
ADDRESS (Street, City, State, ZIP Code)	ADDRESS (Street, City, State, ZIP Code)
TELEPHONE (Include Area Code and Ext.)	TELEPHONE (Include Area Code and Ext.)
FAX (Include Area Code and Ext.)	FAX (Include Area Code and Ext.)
EMAIL	EMAIL
BIRTHDATE (mm/dd/yyyy)	BIRTHDATE (mm/dd/yyyy)

10. Select the organization type that best describes your organization:
☐ State or Local Government
☐ Educational Institution
☐ Non-Profit Organization (Secular, non-religious)
☐ Non-Profit Organization (Faith-based, associated with a place of worship or certain religion
☐ Other: _____

11. Training on CACFP Requirements must be conducted prior to participation for key staff with CACFP responsibilities from every facility. Key staff includes the owner of a private, for-profit child care center, director, cook, and persons with CACFP record keeping responsibilities. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties, on the meal pattern requirements, completing meal counts, claims submission, and other recordkeeping requirements.

☐ Yes ☐ No We certify that all key staff from each facility have been trained on CACFP requirements.
Date: _____ / _____ (mm/yyyy) If no, date training will be conducted _____ / _____ (mm/yyyy)

12. Training on Civil Rights requirements must be documented prior to participation.

☐ Yes ☐ No We certify that all frontline staff have been trained on civil rights requirements. Date: _____ / _____ (mm/yyyy)
If no, date training will be conducted _____ / _____ (mm/yyyy)

For more information on civil rights requirements in federally-assisted programs, as well as training content, visit https://www.isbe.net/Pages/Nutrition-and-Wellness-Civil-Rights-Compliance-and-Enforcement.aspx

13. Commodity-Sponsor Elects

The box you mark is a vote for that option. The majority of votes determines the option that will be provided to all institutions in the state.

☐ Cash in lieu of government-donated commodities
☐ Government-donated commodities

14. Multi-State organizations –

Does your organization operate the Child and Adult Care Food Program in other states?

☐ Yes ☐ No If yes, provide the full name of the cognizant state: _____

15. Audit Information

During this calendar year, what is the end date of your organization's fiscal year? Date: _____ (mm/dd/yyyy)

For Profits (initial) ____ I agree to allow the Illinois State Board of Education auditing staff or its contractors to conduct program specific audits for this for-profit organization.

16. UEI Number: _____ The Unique Entity ID (UEI) is a 12-character alphanumeric ID assigned to an entity by SAM.gov. Participating institutions are required to have and provide their UEI number. If you do not have a UEI # or need further information please go to https://sam.gov or call (866) 606-8220.

17. ☐ Yes ☐ No Will your organization expend $500,000 or more in federal funds during your organization's established fiscal year? (Not applicable for Private For-Profit institutions.)

☐ Yes ☐ No Do you agree to send this agency a copy of your organization's A-133 single audit, program specific audit or appropriate written documents as specified in OMB Circular A-133 within 30 days after receipt of auditor's report or within nine months of the end of the fiscal year, whichever is earlier? (Not applicable for Public Entities and Private For-Profit institutions.)

☐ Yes ☐ No Do you agree to submit a copy of the A-133 Audit to the Federal Audit Clearinghouse? (Not applicable for Public Entities and Private For-Profit institutions.)

18. Indicate or list publicly funded programs your institution has (and key individuals who have) participated in during the past seven years.

☐ Illinois State Board of Education – Child and Adult Care Food Program or other funding
☐ Illinois Department of Human Services – Subsidized Child Care benefits, Head Start or other funding
☐ Department of Children and Family Services – Protective Care or other funding
☐ Other: _____
☐ Other: _____

I certify that neither the institution nor any of its key individuals have 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.

_____	_____	_____
Date	***Original or Digital** Signature of Authorized Representative*	*Title*

This institution is an equal opportunity provider.

ISBE USE ONLY

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