



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

SUMMER FOOD SERVICE PROGRAM NEW SPONSOR APPLICATION

NUTRITION DEPARTMENT

Directions: Applicants that did not participate in the 2024 Summer Food Service Program must submit this form to summermeals@isbe.net by May 1.

SPONSOR INFORMATION

SPONSOR NAME (As it appears in tax statements)

DUNS NUMBER (9-digit number, NOT your Federal Employer Identification Number/Tax Identification Number)

UEI NUMBER (If you do not have a UEI number or need further information, please go to <https://sam.gov>.)

ADDRESS (City, State, and ZIP Code)

COUNTY

PHONE NUMBER (Include Area Code)

CELL NUMBER (Include Area Code)

FAX NUMBER (Include Area Code)

SPONSOR ENTITY TYPE: ☐ School ☐ Migrant ☐ Camp ☐ Upward Bound ☐ Child Care Institution

☐ Non-education ☐ NYSP ☐ Government ☐ Day Care Home ☐ College

FEIN

PUBLIC/PRIVATE: ☐ Public ☐ Private

TAX EXEMPT STATUS: ☐ Not for Profit ☐ For Profit

DO YOU OR YOUR ORGANIZATION CURRENTLY PARTICIPATE IN USDA CHILD NUTRITION PROGRAMS (NSLP, CACFP, SFSP) IN A STATE OTHER THAN ILLINOIS? ☐ Yes ☐ No

PROVIDE THE STATE AND/OR PROGRAMS THAT YOUR ORGANIZATION PARTICIPATES IN.

FOOD SERVICES

TOTAL NUMBER OF SITES ADMINISTERED

(New sponsors can initially operate two sites their first year of operation. Contact SFSP staff if you have questions at summermeals@isbe.net.)

DATE FIRST SITE OPENS

DATE LAST SITE CLOSSES

METHOD OF MEAL PREPARATION: ☐ Self-preparation
☐ Vended

MEAL PREPARATION LOCATION: ☐ Onsite ☐ Central Kitchen
☐ Offsite

SPONSOR CONTACT INFORMATION

Authorized Representative

"Authorized Representative" is the person who is legally and administratively responsible for your institution.

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	TITLE	
PHONE (Include Area Code)	CELL (Include Area Code)	EMAIL

Sponsor Contact

"Sponsor Contact" is the person ISBE may contact when the Authorized Representative is not available.

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	TITLE	
PHONE (Include Area Code)	CELL (Include Area Code)	EMAIL

CERTIFICATION

By signing this form, you certify that all information presented in this form is true and correct to the best of your knowledge. If you agree to these terms, please sign below.

☐ I certify that the above information is correct.

Digital or Original Signature from
AUTHORIZED REPRESENTATIVE

DATE