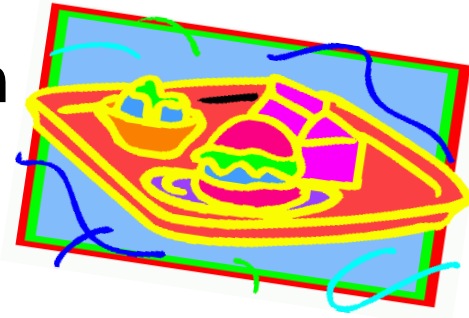


# National Youth Sports Program Eligibility Certification

*Summer Food Service Program*



I certify that all of the participants in the Summer Food Service Program for site(s) number \_\_\_\_\_ meet the Income Eligibility Guidelines of the Department of Health and Human Services (DHHS), which is the primary grantor for the National Youth Sports Program (NYSP).

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Sponsor's Name

Agreement No.

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Sponsor's Authorized Representative Signature

Date

Please fax a **signed** copy of this to:  
Amy Bianco  
Illinois State Board of Education  
217/524-6124