

Upward Bound Certification

Summer Food Service Program



Closed-enrolled site(s) — *check one:*

I certify that **all** of the participants in the Summer Food Service Program (SFSP) for site(s) number _____ meet the guidelines of the Upward Bound Program.

I certify that at least 50 percent participants in the Summer Food Service Program for site(s) number _____ meet the Income Eligibility Guidelines of the Upward Bound Program or the Summer Food Service Program.

(Sponsor is reimbursed for 100 percent of meals served.)

Residential Camp(s) — *check one:*

I certify that I will claim only meals of those participants who meet the **Income Eligibility Guidelines** of the Upward Bound Program or the Summer Food Service Program (SFSP) for site(s) number _____.

Sponsor's Name

Agreement No.

Sponsor's Authorized Representative Signature

Date

Please fax a **signed** copy of this to:
Nutrition Department
Illinois State Board of Education
(217) 524-6124