Child and Adult Care Food Program (CACFP) / Summer Food Service Program (SFSP) Post-Contract Award Summary Sheet

<u>Within one week of awarding the contract</u>, please submit this completed form along with the required documentation listed below. An original signed and dated copy of this form must be submitted.

A. Sponsor Information		
Agreement Number (RCDT Code)		
Sponsor Name		
Address, City, Zip Code		
Authorized Representative	Phone	Ext
Authorized Representative Email		
Contract Contact Person	Phone	Ext
Contract Contact Person Email		
B. Contract Award		
Provide the requested information for the following:		
1) Contract Award Date		
2) Company Awarded the Contract		
3) Total Estimated Contract Cost		

C. Required Documentation

Submit the following documents with this completed form.

- 1) Signed/Executed copy of Section A of the IFB.
- 2) Bid Summary Form (contained herein)
- 3) Bid-Rigging Certification
- 4) If the contract is \$25,000 or more Signed copy of the *Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions*

- 5) If the contract is over \$150,000 Signed copy of the Certification Regarding Lobbying
- 6) If the contract is over \$150,000 and any funds other than Federal appropriated funds have been used for lobbying Signed copy of the *Disclosure of Lobbying Activities*

Certification — Under the provisions of the United States Department of Agriculture, Food and Nutrition Service, I certify as a sponsor in the Summer Food Service Program (SFSP) and or Child and Adult Care Food Program (CACFP) the executed *Invitation for Bid and Contract* is the same *Invitation for Bid and Contract* previously submitted to the Illinois State Board of Education and determined in compliance with all applicable regulations and statutes on ______ (compliance letter date).

I understand revisions cannot be made to the executed *Invitation for Bid and Contract* without first submitting proposed revisions to the Illinois State Board of Education for review and receiving written notification the proposed revisions are allowable within the regulatory guidelines. Furthermore, I understand additional documents and/or agreements, including those developed by the contractor, cannot become part of the executed contract.

I understand the nonprofit SFSP/CACFP program account cannot be used to pay for unallowable contract costs. As authorized representative for the sponsor noted above, I will ensure operation of the nonprofit SFSP/CACFP, including use of nonprofit SFSP/CACFP account funds, is in compliance with the rules and regulations of the Illinois State Board of Education and the United States Department of Agriculture regarding Child Nutrition Programs.

I understand the *Invitation for Bid and Contract* and all related documents are subject to review by the Illinois State Board of Education and the United States Department of Agriculture at any time.

I understand all contract information provided to the Illinois State Board of Education is being given in connection with the receipt of federal funds and deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

	Authorized Representative Signature	 Title	
Date			

Maintain a copy of this form for your records.

E-mail original signed and dated form along with all required documentation to: CACFP SFSPcontracts@isbe.net

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form online, or obtain the form from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. Mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

2. Fax:

(833) 256-1665 or (202) 690-7442; or

3. Email:

<u>program.intake@usda.gov</u>

<u>Nondiscrimination Statement Translations</u>

<u>Declaración de no discriminación</u>

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This institution is an equal opportunity provider.