Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click print button.

ISBE USE ONLY	
	FISCAL YEAR
	AGREEMENT NUMBER
	TYPE

INSTRUCTIONS: *Complete all information below.*

ILLINOIS STATE BOARD OF EDUCATION
Nutrition Programs Division
100 North First Street, W-270
Springfield, Illinois 62777-0001
800-545-7892
Fax: 217-524-6124 TTY: 217-782-1900

Child and Adult Care Food Program

SPONSOR APPLICATION

1. NAME OF SPONSOR OR SPONSORING ORGANIZATION	**2**. COUNTY	**3**. FEIN NUMBER
PHYSICAL ADDRESS OF SPONSOR OR SPONSORING ORGANIZATION	**4**. MAILING ADDRESS (Street, State, City, Zip Code) (If mailing address is the same as physical address, leave blank)	
5. NAME OF AUTHORIZED REPRESENTATIVE (First, Last)	TITLE	BIRTH DATE
TELEPHONE (Include Area Code and Ext.)	FAX (Include Area Code)	E-MAIL
6. NAME OF CONTACT PERSON (First, Last)	TITLE	BIRTH DATE
TELEPHONE (Include Area Code and Ext.)	FAX (Include Area Code)	E-MAIL

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. EXECUTIVE DIRECTOR	**9**. CHAIRPERSON OF THE BOARD
(Name) _____	(Name) _____
(Birth Date) _____	(Birth Date) _____
(Mailing Address) _____	(Mailing Address) _____

10. Oversight board of Directors (Complete if applicable)
☐ Yes ☐ No Will the Board of Directors oversee and be made aware of CACFP activities and allowable spending of federal funds?

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)

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)
For more information on civil rights requirements in federally-assisted programs, as well as training content, visit http://www.isbe.net/nutrition/htmls/civil_rights.htm

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

15. Audit Information – During this calendar year, what is the end date of your organization's fiscal year? Date: _____ mm/dd/yyyy

16. DUNS Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ Dun and Bradstreet – Data Universal Numbering System (DUNS) number.
If you do not have a DUNS number, please contact Dun & Bradstreet at http://fedgov.dnb.com/webform . For more information call 1-866-705-5711.

I certify the information on this document is true and correct to the best of my knowledge, and this institution will comply with the rights and responsibilities outlined in the Permanent Agreement.

I agree 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.

I understand there is a $25,000 fine for embezzling, willfully misapplying, stealing, or obtaining by fraud, funds, assets, or property acquired under the National School Lunch Act or Child Nutrition Act.

Date	***Original*** *Signature of Authorized Representative*	*Title*

ISBE USE ONLY → CACFP OPERATING APPROVAL DATES Beginning Date _____ Ending Date _____

Print Reset Form