

**NUTRITION DEPARTMENT**

**Directions:** Applicants that did not participate in the 2025 Summer Food Service Program must submit this form to [summermeals@isbe.net](mailto: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 <a href="https://sam.gov">https://sam.gov</a> .)		
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: <input type="checkbox"/> School <input type="checkbox"/> Migrant <input type="checkbox"/> Camp <input type="checkbox"/> Upward Bound <input type="checkbox"/> Child Care Institution <input type="checkbox"/> Non-education <input type="checkbox"/> NYSP <input type="checkbox"/> Government <input type="checkbox"/> Day Care Home <input type="checkbox"/> College		
FEIN	PUBLIC/PRIVATE: <input type="checkbox"/> Public <input type="checkbox"/> Private	TAX EXEMPT STATUS: <input type="checkbox"/> Not for Profit <input type="checkbox"/> For Profit
DO YOU OR YOUR ORGANIZATION CURRENTLY PARTICIPATE IN USDA CHILD NUTRITION PROGRAMS (NSLP, CACFP, SFSP) IN A STATE OTHER THAN ILLINOIS? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <a href="mailto:summermeals@isbe.net">summermeals@isbe.net</a> .)	
DATE FIRST SITE OPENS	DATE LAST SITE CLOSSES
METHOD OF MEAL PREPARATION: <input type="checkbox"/> Self-preparation <input type="checkbox"/> Vended	MEAL PREPARATION LOCATION: <input type="checkbox"/> Onsite <input type="checkbox"/> Central Kitchen <input type="checkbox"/> 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