



# EMPOWERING ALL STUDENTS

Learners Today - Leaders Tomorrow

December 12, 2019

Mr. Tom Romano  
Preferred Meals/Elior Na.  
5240 St. Charles Rd.  
Berkley, IL. 60163

Dear Mr. Romano:

On December 7, 2019, you sent an email request pursuant to the Freedom of Information Act seeking records from Crystal Lake Elementary District 47 ("District"). In FOIA number one (1) you requested:

- SY 19/20 food service management renewal contract
  - contract is attached
- Current meal pricing
  - [Current meal pricing](#)

The attached documents provided fulfills our obligation to your FOIA request. If you have any questions, please feel free to contact me 815-788-5000.

Sincerely,

Clare F. Bourne  
Freedom of Information Officer  
Crystal Lake School District 47

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300 Commerce Dr. Crystal Lake, IL 60014 815.788.5000

[www.d47.org](http://www.d47.org)



D47schools



crystallakesd47

**REQUEST FOR ACCESS TO PUBLIC RECORDS**  
**PURSUANT TO THE FREEDOM OF INFORMATION ACT (5ILCS 140)**

Date of Request: 12.7.19

FOIA Record # \_\_\_\_\_

Name: Tom Romano

Organization: Preferred Meals / ELIOR NA

Address: 5240 St Charles Rd  
Berkley IL 60163

Phone Number: (717) 321-4141

**I HEREBY REQUEST ACCESS TO THE FOLLOWING RECORDS:**

5419/20 Food Service Management Renewal Contract  
and current meal pricing.

Within 5 business days of the District receiving your request, you are entitled to a response, or notice that the district is in need of addition processing time (not to exceed an additional 5 business days). When our response is complete, we will contact you.

The District's response, including all supporting documents, and FOIA request with all submitted information, will be posted online under "Freedom of Information" on the District 47 website. District 47 provides this service as a public courtesy for no fee. Documents will be posted within 10 business days from our response to your request.

Fees will apply after the initial limited amount of black and white copies are provided. Actual cost of color or abnormal size copies will apply.

**FOR OFFICE USE ONLY:**

The District's response and records were accessed by : ☐ In House Inspection ☐ Pick-up ☐ Mail ☐ Fax ☐ Email

Date: \_\_\_\_\_ Time: \_\_\_\_\_

AMT REC'D: \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

FOIA Officer: \_\_\_\_\_

Witness: \_\_\_\_\_



Crystal Lake Community Consolidated School District 47  
300 Commerce Drive, Crystal Lake, IL. 60014  
Phone: 815-459-6070 Fax: 815-479-8566



# Contract Approval Request

Complete this form and submit it along with the contract to the purchasing department. After review, the Asst. Superintendent of Business will submit the contract at the next board meeting for approval.



## Request Information

|                          |                                                                                                                                                                                                                                                                         |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Requestor:       | Cathy Nelson                                                                                                                                                                                                                                                            |
| School or department:    | Assistant Superintendent of Finance                                                                                                                                                                                                                                     |
| Date submitted:          | 05/20/2019                                                                                                                                                                                                                                                              |
| Vendor:                  | Sodexo America, LLC                                                                                                                                                                                                                                                     |
| Purpose of contract:     | Contract is the fourth year of renewal with Sodexo America, LLC in providing the District's food service program. The renewal is under the original contract which allows for a price increase based upon the CPI-Food Away From Home (December). This amount was 2.8%. |
| New contract or renewal: | Renewal                                                                                                                                                                                                                                                                 |
| Amount of contract:      | \$1,413,500 (estimated)                                                                                                                                                                                                                                                 |
| Account number charged:  | 10E000 2560 0314 00 000000                                                                                                                                                                                                                                              |
|                          | <input type="checkbox"/> Minority Owned <input type="checkbox"/> Female Owned<br><input type="checkbox"/> Person with a Disability <input type="checkbox"/> Locally Owned                                                                                               |

## District Approval Process

Approved by Board of Education:      Y      N

Date:



|                                           |   |   |   |
|-------------------------------------------|---|---|---|
| Date of Original Contract<br>July 1, 2015 |   |   |   |
| Year of Renewal (Circle)                  |   |   |   |
| 1                                         | 2 | 3 | 4 |

**Contract Renewal Agreement for  
Food Management Services  
Nonprofit Food Service Program**

This document contains the rates and fees for the contract of food service management for nonprofit food service programs for the period beginning July 1, 2019, and ending June 30, 2020. The terms and conditions of the original contract are applicable to the contract renewal. Upon acceptance, this document shall constitute the contract renewal between the Food Service Management Company (FSMC) and the School Food Authority.

The FSMC shall not plead misunderstanding or deception because of the character, location, or other conditions pertaining to the contract.

**PER MEAL PRICES MUST BE QUOTED AS IF NO USDA COMMODITIES WILL BE RECEIVED**

|                                                               | 2018-2019<br>Rate     | 2019-2020<br>Rate**   | Percentage<br>Increase*** |
|---------------------------------------------------------------|-----------------------|-----------------------|---------------------------|
| 1. Reimbursable Breakfasts                                    | 1. <u>1.7212</u>      | 1. <u>1.7693</u>      | 1. <u>2.8%</u>            |
| 2. Reimbursable Lunches*                                      | 2. <u>2.7464</u>      | 2. <u>2.8232</u>      | 2. <u>2.8%</u>            |
| 3. Management Fee per School Meal<br>(Breakfasts and Lunches) | 3. <u>n/a</u>         | 3. <u>n/a</u>         | 3. <u>n/a</u>             |
| 4. A la Carte Equivalents Fee*                                | 4. <u>2.7464</u>      | 4. <u>2.8232</u>      | 4. <u>2.8%</u>            |
| 5. A la Carte Management Fee                                  | 5. <u>XXXXXXXX</u>    | 5. <u>          </u>  | 5. <u>          </u>      |
| 6. Reimbursable After-School Snack                            | 6. <u>          </u>  | 6. <u>          </u>  | 6. <u>          </u>      |
| 7. Special Milk                                               | 7. <u>          </u>  | 7. <u>          </u>  | 7. <u>          </u>      |
| 8. Reimbursable After-School Supper                           | 8. <u>          </u>  | 8. <u>          </u>  | 8. <u>          </u>      |
| 9. Reimbursable Summer Breakfast                              | 9. <u>          </u>  | 9. <u>          </u>  | 9. <u>          </u>      |
| 10. Reimbursable Summer Lunch                                 | 10. <u>          </u> | 10. <u>          </u> | 10. <u>          </u>     |
| 11. Fresh Fruit and Vegetable Program                         | 11. <u>          </u> | 11. <u>          </u> | 11. <u>          </u>     |

\*Rates must be the same.

\*\*Rates must not be rounded up. Do not exceed four decimal places.

\*\*\*Percentage increase must not exceed the allowable increase established in the original contract.

Sodexo America, LLC

Food Service Management Company

3020 Woodcreek Drive Suite B

Street Address

Downers Grove

City

Illinois

State

60515

Zip Code

By submission of this proposed renewal agreement, the FSMC certifies that, in the event they receive a renewal award under this solicitation, the FSMC shall operate in accordance with all applicable current program regulations. This agreement shall not exceed one year.

Authorized Signature

SVP/brad.lozier@sodexo.com

Title / e-mail address

5/1/19

Date

**Acceptance of Contract Renewal Agreement**

Community Consolidated School District #47

School Food Authority

44-063-0470-04

Agreement Number

Authorized Signature

Title / e-mail address

Date

## Contract Renewal Agreement Certification Form 2019–2020

The *Contract Renewal Agreement Certification Form* must be completed and signed by the school food authority's (SFA's) authorized representative.

### A. School Food Authority Information

Agreement Number (RCDT Code) 44-063-0470-04

School Food Authority Community Consolidated School District #47

Contractor Name Sodexo America, LLC

### B. Required Documentation

Submit signed copies of the following documents.

- *Contract Renewal Agreement*
- *Contract Renewal Agreement Certification Form 2019–2020*
- Certification forms, as applicable, signed annually by the contractor. The contractor certification forms are located on our website at <https://www.isbe.net/Pages/Nutrition-and-Wellness-Contract-Certification-Forms.aspx>.
  - *Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions,*
  - *Certificate Regarding Lobbying—Contracts, Grants, Loans, and Cooperative Agreements,*
  - *Disclosure of Lobbying Activities-* If the annual contract is over \$100,000 and any funds other than Federal appropriated funds have been used for lobbying;
- *Food-Based Meal Pattern Contract Amendment,* if applicable, signed by both parties;
- Any other amendments, if applicable, for non-material allowable contract changes accompanied by written justification for the amendment.

### C. Contract Renewal Terms

Per the contract renewal terms stated in the contract, the maximum allowable percentage increase that may be applied to the fixed meal rates and fixed management fees is as follows (refer to the original contract for renewal terms; check the appropriate box):

- |                                                                   |      |
|-------------------------------------------------------------------|------|
| <input checked="" type="checkbox"/> CPI—Food Away From Home (Dec) | 2.8% |
| <input type="checkbox"/> CPI—All (Dec)                            | 1.9% |
| <input type="checkbox"/> CPI—Food (Dec)                           | 1.6% |
| <input type="checkbox"/> Other (specify) _____                    |      |

### D. Certification Statement

Under the provisions of the United States Department of Agriculture, Food and Nutrition Service, I certify as a sponsor in the Child Nutrition Programs all information contained in the executed *Contract Renewal Agreement* and accompanying contract renewal documents is true and accurate.

I understand the nonprofit school food service program account cannot be used to pay for unallowable contract costs. As authorized representative for the school food authority noted above, I will ensure operation of the nonprofit school food service program, including use of nonprofit school food service program 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.

ILLINOIS STATE BOARD OF EDUCATION  
100 North First Street  
Springfield, IL 62777-0001

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION LOWER  
TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, 2 CFR part 3485, including Subpart C Responsibilities of Participants Regarding Transactions (also see federal guidance at 2 CFR part 180). Copies of the regulations may be obtained by contacting the Illinois State Board of Education.

**BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW.**

**CERTIFICATION**

The prospective lower tier participant certifies, by submission of this Certification, that:

- (1) Neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;
- (2) It will provide immediate written notice to whom this Certification is submitted if at any time the prospective lower tier participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances;
- (3) It shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated;
- (4) It will include the clause titled *Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions*, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions;
- (5) The certifications herein are a material representation of fact upon which reliance was placed when this transaction was entered into; and
- (6) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this Certification.

**Sodexo America, LLC**

Organization Name

**Food Service Management**

PR/Award Number or Project Name

**Brad L. Lozier**

Name of Authorized Representative

**Senior Vice President**

Title

  
Original Signature of Authorized Representative

  
Date

**Instructions for Certification**

1. By signing and submitting this Certification, the prospective lower tier participant is providing the certifications set out herein.
2. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue all available remedies, including suspension and/or debarment.
3. Except for transactions authorized under paragraph 3 above, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue all available remedies, including suspension and/or debarment.
4. The terms *covered transaction*, *debarred*, *suspended*, *ineligible*, *lower tier covered transaction*, *participant*, *person*, *primary covered transaction*, *principal*, *proposal*, and *voluntarily excluded*, as used herein, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549 and Executive Order 12689. You may contact the person to which this Certification is submitted for assistance in obtaining a copy of those regulations.
5. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the "GSAGovernment-Wide System for Award Management Exclusions" (SAM Exclusions) at <http://www.sam.gov>.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required herein. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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 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. Further, I understand such misrepresentation could result in the loss of federal and state funding received by the school food authority for School-Based Child Nutrition Programs.

I certify that all contract provisions, including those relating to USDA Foods utilization by the FSMC/Vendor to the maximum extent possible have been met:

School Year 2019 USDA Foods Entitlement Amount (A) \$ 154,425

School Year 2019 USDA Foods credits issued to the SFA by the FSMC/Vendor (B) \$ 131,300.47

USDA Foods Entitlement Utilization Percentage as of **April 30, 2019** (B / A) % 85.02%

| Authorized Representative Signature | Title | e-mail | Date |
|-------------------------------------|-------|--------|------|
|-------------------------------------|-------|--------|------|

Mail, fax, or email to:      **Nutrition Division**  
                                         **Illinois State Board of Education**  
                                         **100 North First Street W270**  
                                         **Springfield, IL 62777-0001**  
                                         **Fax: 217-524-6124**  
                                         **Email: nutritionprocurement@isbe.net**

**Please submit documents only once.** For example, do not fax and mail. Only one copy of each set of documents is necessary. **All original documents should be retained in the SFA's files.**

ILLINOIS STATE BOARD OF EDUCATION  
100 North First Street  
Springfield, IL 62777-0001

CERTIFICATE REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit ISBE 85-37, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**Sodexo America, LLC**

Organization Name

**Brad L. Lozier**

Name of Authorized Representative

Original Signature of Authorized Representative

**Food Service Management**

PR/Award Number or Project Name

**Senior Vice President**

Title

5/1/19

Date

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Type of Federal Action:<br><div>A</div> a. contract<br>b. grant<br>c. cooperative agreement<br>d. loan<br>e. loan guarantee<br>f. loan insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 2. Status of Federal Actions<br><div>A/B</div> a. bid/offer/application<br>b. initial award<br>c. post-award |                                                                                                                                                                                                                                                                                                                                                                      | 3. Report Types:<br><div>A</div> a. initial filing<br>b. material change<br><br>For Material Change Only:<br>Year <div></div> quarter <div></div><br>Date of last report <div></div> |  |
| 4. Name and Address of Reporting Entity:<br>Sodexo Operations, LLC, on behalf of itself and all its subsidiaries.<br>9801 Washingtonian Blvd.,<br>Gaithersburg, Maryland 20878<br><br><input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee<br>Tier _____, If known:<br><br>Congressional District, if known:                                                                                                                                                                                                                                                                               |  |                                                                                                              | 5. If Reporting Entity in No. 4 is Subawardee, Enter Name and A<br><br>Address of Prime:<br><br>Congressional District, if known: N/A                                                                                                                                                                                                                                |                                                                                                                                                                                      |  |
| 6. Federal Department/Agency:<br>U.S. Congress<br>Department of Defense<br>USDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                              | 7. Federal Program Name/Description<br><br>CFDA Number, if applicable: <div></div>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                      |  |
| 8. Federal Action Number, if known:<br>Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                              | 9. Award Amount, if known:<br>\$ <div>Unknown</div>                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                      |  |
| 10. a. Name and Address of Lobbying Entity<br>(if individual, last name, first name, MI):<br>Sodexo Operations, LLC, on behalf of itself and all its subsidiaries.<br>9801 Washingtonian Blvd.,<br>Gaithersburg, Maryland 20878                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                              | b. Individuals Performing Services (including address if different from No. 10a)<br>(last name, first name, MI):<br>Montoya, Jessica; and Bukar, Nancy                                                                                                                                                                                                               |                                                                                                                                                                                      |  |
| (attach Continuation Sheet(s) S F-LLL-A, if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                      |  |
| 11. Amount of Payment (check all that apply):<br><br><input type="checkbox"/> actual <input type="checkbox"/> planned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                              | 13. Type of Payment (check all that apply):<br><br>a. <input type="checkbox"/> retainer<br>b. <input type="checkbox"/> one-time fee<br>c. <input type="checkbox"/> commission<br>d. <input type="checkbox"/> contingent fee<br>e. <input type="checkbox"/> deferred<br>f. <input checked="" type="checkbox"/> other, specify: In House Government Affairs Department |                                                                                                                                                                                      |  |
| 12. Form of Payment (check all that apply):<br><br><input type="checkbox"/> a. cash<br><input type="checkbox"/> b. in-kind;specify: nature value <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                      |  |
| 14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or member(s) contacted, for Payment indicated on Item 11:<br><br>Sodexo has not conducted any lobbying activities related to this or any other federal contract. Lobbying activities focus on general issues being addressed by the federal government.                                                                                                                                                                                                                                   |  |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                      |  |
| (attach Continuation Sheet(s) SF-LLL-A, if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                      |  |
| 15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                      |  |
| 16. Information requested through this form is authorized by title 31 U.S.C., Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. |  |                                                                                                              | Signature: <div>Brad Lozier</div><br>Print Name: Brad Lozier<br>Title: Senior Vice President<br>Telephone No.: 502.741.3063      Date: 5/1/19                                                                                                                                                                                                                        |                                                                                                                                                                                      |  |
| Federal Use Only:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                              | Authorized for Local Reproduction Standard Form - LLL                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                      |  |

### INSTRUCTION FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to the title 31 U.S.C. section 1352. The filing of a form is required for each payment or Agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer of employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity, include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1<sup>st</sup> tier, Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 check "Subawardee". then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1)). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative Agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First name, and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonable expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box (es). Check all boxes that apply. If payment is made through in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone *number*.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.