



100 North First Street  
Springfield, Illinois 62777-0001

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

**NUTRITION DEPARTMENT**

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).

Child Nutrition Program Operators are required to ensure that all sub-contractors and sub-grantees are neither excluded nor disqualified under the suspension and debarment rules found at 2 CFR 200.212 by doing any **one** of the following:

- Checking the Excluded Parties List found at the System for Award Management (SAM) [www.SAM.gov](http://www.SAM.gov).
- Collecting a certification that the entity is neither excluded nor disqualified. Since a federal certification form is no longer available, the grantee or sub-grantee electing this method must devise its own.
- Including a clause to this effect in the sub-grant agreement and in any procurement, contract expected to equal or exceed \$25,000, awarded by the grantee or a sub-grantee under its grant or sub-grant.
- Sub-grantee and contractors must obtain a Unique Entity ID. All Federal Government awards are required to have a Unique Entity ID. To obtain a Unique Entity ID, visit [www.SAM.gov](http://www.SAM.gov) to register. There is no charge for a Unique Entity ID. The Unique Entity ID serves as a means of tracking and identifying applications for Federal assistance and is required on all applications for Federal assistance.

**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.
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.

Whitsons Nutrition, LLC

\_\_\_\_\_  
Company/Organization Name

\_\_\_\_\_  
PR/Award Number or Project Name

Greg Robbins  
\_\_\_\_\_  
Name of Company / Organization  
Authorized Representative

Sr. VP & General Counsel  
\_\_\_\_\_  
Title

  
\_\_\_\_\_  
Digital or Original Signature of  
Authorized Representative

01/29/2026  
\_\_\_\_\_  
Date



100 North First Street  
Springfield, Illinois 62777-0001

**CERTIFICATE  
REGARDING LOBBYING**

**NUTRITION DEPARTMENT**

**Applicable to Grants, Subgrants, Cooperative Agreements, and Contracts  
Exceeding \$100,000 in Federal Funds**

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. 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.

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 any 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 a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a 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 Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit the Illinois State Board of Education (ISBE) form, "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 covered subawards exceeding \$100,000 in Federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

Whitsons Nutrition, LLC

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
PR/Award Number or Project Name

Greg Robbins

Sr. V.P. & General Counsel

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

01/29/2026

*Digital or Original Signature of  
Authorized Representative*

\_\_\_\_\_  
Date

*Not Applicable*


**NUTRITION DEPARTMENT**

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

<b>1. TYPE OF FEDERAL ACTION</b> <input type="checkbox"/> a. Contract <input type="checkbox"/> b. Grant <input type="checkbox"/> c. Cooperative agreement <input type="checkbox"/> d. Loan <input type="checkbox"/> e. Loan guarantee <input type="checkbox"/> f. Loan insurance	
<b>2. STATUS OF FEDERAL ACTION</b> <input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial award <input type="checkbox"/> c. Post-award	
<b>3. REPORT TYPE</b> <input type="checkbox"/> a. Initial filing <input type="checkbox"/> b. Material change <input type="checkbox"/> For material change only: _____ Year _____ Quarter _____ Date of last report	
<b>4. NAME AND ADDRESS OF REPORTING ENTITY</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee, Tier _____ if known _____ Congressional District, if known	
<b>5. IF REPORTING ENTITY IN NO. 4 IS SUBAWARDEE, ENTER NAME AND ADDRESS OF PRIME</b> _____ Congressional District, if known	
<b>6. FEDERAL DEPARTMENT/AGENCY</b>	<b>7. FEDERAL PROGRAM NAME/DESCRIPTION</b> _____ CFDA Number, if applicable
<b>8. FEDERAL ACTION NUMBER, if known</b>	<b>9. AWARD AMOUNT (if known)</b> \$ _____
<b>10a. NAME AND ADDRESS OF LOBBYING ENTITY</b> (if individual last name, first name, MI)	<b>10b. INDIVIDUALS PERFORMING SERVICES</b> (including address if different from #10a) (last name, first name, MI)

*(Attach Continuation Sheet(s), if necessary)*

<b>11. AMOUNT OF PAYMENT</b> (check all that apply) \$ _____ <input type="checkbox"/> Actual <input type="checkbox"/> Planned
<b>12. FORM OF PAYMENT</b> (check all that apply) <input type="checkbox"/> a. Cash <input type="checkbox"/> b. In-kind; specify: nature _____ value _____
<b>13. TYPE OF PAYMENT</b> (check all that apply) <input type="checkbox"/> a. Retainer <input type="checkbox"/> b. One-time fee <input type="checkbox"/> c. Commission <input type="checkbox"/> d. Contingent fee <input type="checkbox"/> e. Deferred <input type="checkbox"/> f. Other, specify _____
<b>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 in item 11.</b>
<b>15.</b> <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO   CONTINUATION SHEET(S), ATTACHED

<p>16. Information requested through this form is authorized by title <u>31 U.S.C. Section 1352</u>. 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 <u>31 U.S.C. 1352</u>. 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.</p>	<b>ORIGINAL SIGNATURE</b> 	
	PRINT NAME OR TYPE Greg Robbins	
	TITLE Sr. VP & General Counsel	
	TELEPHONE NUMBER 631-424-2700	DATE 01/29/2026