

**Arizona Department of Education
School Nutrition Programs Application
Food Distribution Program Delivery Information
SFSP 2013-2014**

Date: _____

Instructions: Complete this form to receive commodities. If sponsor has more than four delivery locations, duplicate this form prior to completing and continue delivery locations on the second form. **Reminder:** *The delivery times for commodities are between 6:00 a.m. and 2:30 p.m. You must have staff available during this time to accept deliveries. Please turn this form in with your Summer Food Application.*

1. Sponsoring Organization: _____ **CTD#:** _____

<p>2. USDA Foods Contact</p> <p>Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Phone: (____) _____ - _____ ext. _____ Fax: (____) _____ - _____ E-mail: _____</p>	<p>3. USDA Foods Billing Contact:</p> <p>Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Phone: (____) _____ - _____ ext. _____ Fax: (____) _____ - _____ E-mail: _____</p>
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4. Daily Student Participation Estimate - Complete if new sponsor only: _____

5. Delivery Locations:

Site Name: _____
 Contact: _____ Phone: (____) _____ - _____ Ext. _____
 Street Address _____ Fax: (____) _____ - _____
 _____ E-mail: _____
 City: _____ St: _____ Zip: _____ County: _____
Delivery Option - Select one: Prep-site Warehouse* Pick-up at Distributor**

Site Name: _____
 Contact: _____ Phone: (____) _____ - _____ Ext. _____
 Street Address _____ Fax: (____) _____ - _____
 _____ E-mail: _____
 City: _____ St: _____ Zip: _____ County: _____
Delivery Option - Select one: Prep-site Warehouse* Pick-up at Distributor**

Site Name: _____
 Contact: _____ Phone: (____) _____ - _____ Ext. _____
 Street Address _____ Fax: (____) _____ - _____
 _____ E-mail: _____
 City: _____ St: _____ Zip: _____ County: _____
Delivery Option - Select one: Prep-site Warehouse* Pick-up at Distributor**

Site Name: _____
 Contact: _____ Phone: (____) _____ - _____ Ext. _____
 Street Address _____ Fax: (____) _____ - _____
 _____ E-mail: _____
 City: _____ St: _____ Zip: _____ County: _____
Delivery Option - Select one: Prep-site Warehouse* Pick-up at Distributor**

* Must have a minimum of 100 cases per order and exchangeable pallets.
 ** Requires 100 case minimum per order, exchangeable pallets, fork-lift and refrigerated truck.
 A valid e-mail address is REQUIRED in order to process this form. E-mail is our main form of communication with you.