

**Department of Defense (DoD) Fresh Produce Program Request to Participate**

School District : \_\_\_\_\_

Contract Number : SPE30-14-DS255

Vendor/Distributor : Stern Produce

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

**DoD Entitlement Request:**

District Controlled Ordering? Yes  No

New School Name(1) : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_

State, Zip: \_\_\_\_\_

Point of Contact Name: \_\_\_\_\_

Phone : \_\_\_\_\_

Fax : \_\_\_\_\_

E-mail : \_\_\_\_\_

Day(s) of Delivery : \_\_\_\_\_

Time of Delivery : \_\_\_\_\_

New School Name(2) : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_

State, Zip: \_\_\_\_\_

Point of Contact Name: \_\_\_\_\_

Phone : \_\_\_\_\_

Fax : \_\_\_\_\_

E-mail : \_\_\_\_\_

Day(s) of Delivery : \_\_\_\_\_

Time of Delivery : \_\_\_\_\_

New School Name(3) : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_

State, Zip: \_\_\_\_\_

Point of Contact Name: \_\_\_\_\_

Phone : \_\_\_\_\_

Fax : \_\_\_\_\_

E-mail : \_\_\_\_\_

Day(s) of Delivery : \_\_\_\_\_

Time of Delivery : \_\_\_\_\_

**RETURN COMPLETED FORM TO: FDP@AZED.GOV OR FAX TO: 602.542.3818**