

**Arizona Department of Education
School Nutrition Programs Application
Food Distribution Program Delivery Information
SFSP Form**

Date: _____

Instructions: Complete this form to receive USDA Foods. 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.

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

| | |
|--|---|
| <p>2. USDA Foods Contact</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Phone: (____) _____ - _____ ext. _____</p> <p>Fax: (____) _____ - _____</p> <p>E-mail: _____</p> | <p>3. USDA Foods Billing Contact:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ St: _____ Zip: _____</p> <p>Phone: (____) _____ - _____ ext. _____</p> <p>Fax: (____) _____ - _____</p> <p>E-mail: _____</p> |
|--|---|

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.