

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



Date: _____

Instructions: Complete this form and send to USDAFoods@azed.gov to receive USDA Foods. A member of the School Food Programs will be in contact with you.

If an agency 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 USDA Foods are between **6:00 a.m. and 2:30 p.m.** You must have staff available during this time to accept deliveries.

1. Recipient Agency: _____ CTDS#: _____

<p>2. Program Contact Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Phone: (____) _____ - _____ ext. _____ Fax: (____) _____ - _____ E-mail: _____</p>	<p>3. Billing Contact: Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Phone: (____) _____ - _____ ext. _____ Fax: (____) _____ - _____ E-mail: _____</p>
<p>4. Food Service Director Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Phone: (____) _____ - _____ ext. _____ Fax: (____) _____ - _____ E-mail: _____</p>	

5. Daily Reimbursable Lunch Count (estimate) - Complete if new sponsor only: _____

6. Delivery Sites:

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**

* Requires 100 case minimum per order and exchangeable pallets.

** Requires 100 case minimum per order, exchangeable pallets, fork-lift and refrigerated truck.