



### myFOODS/FFAVORS Delivery and Contact Form

Please email your completed form to [ContactHNS@azed.gov](mailto:ContactHNS@azed.gov).

**Entity Name:** \_\_\_\_\_ **CTDS#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Estimated total number of **NSLP lunches** served during the program year: \_\_\_\_\_

Estimated total number of **SFSP meals** served during the program year: \_\_\_\_\_

## CONTACTS

Entities new to USDA Foods must complete this section. Entities returning to USDA Foods do not complete this section, rather review your contacts in myFOODS and make updates on your own.

Check this box if you are a **returning entity** to indicate that you have reviewed/updated your contacts and have selected "Update" in myFOODS.

|                                                     |        |      |          |
|-----------------------------------------------------|--------|------|----------|
| <b>Food Service Director</b> – First and Last Name: |        |      |          |
| Physical Address:                                   |        |      |          |
| City:                                               | State: | Zip: | County:  |
| Site Contact First and Last Name:                   |        |      | Phone #: |
| Email:                                              |        |      |          |

|                                               |        |      |          |
|-----------------------------------------------|--------|------|----------|
| <b>Program Contact</b> – First and Last Name: |        |      |          |
| Physical Address:                             |        |      |          |
| City:                                         | State: | Zip: | County:  |
| Site Contact First and Last Name:             |        |      | Phone #: |
| Email:                                        |        |      |          |

|                                               |        |      |          |
|-----------------------------------------------|--------|------|----------|
| <b>Billing Contact</b> – First and Last Name: |        |      |          |
| Physical Address:                             |        |      |          |
| City:                                         | State: | Zip: | County:  |
| Site Contact First and Last Name:             |        |      | Phone #: |
| Email:                                        |        |      |          |

## DELIVERY SITES

Entities new to USDA Foods must complete this section. Entities returning to USDA Foods only need to complete this section if adding or changing a delivery site.

Check this box if you are a **returning entity** to indicate that you have reviewed your delivery sites (do not having any changes) and have selected "Update" in myFOODS.

|                                               |           |            |                          |                                           |  |
|-----------------------------------------------|-----------|------------|--------------------------|-------------------------------------------|--|
| <b>Delivery Site #1 – Delivery Site Name:</b> |           |            |                          | Check all that apply: myFOODS FFAVORS     |  |
| Select One:                                   | Prep-site | Warehouse* | Pick-up at Distributor** | Alternative Delivery Site (i.e., Caterer) |  |
| Physical Address:                             |           |            |                          |                                           |  |
| City:                                         |           | State:     | Zip:                     | County:                                   |  |
| Site Contact First and Last Name:             |           |            |                          | Phone #:                                  |  |
| Email:                                        |           |            |                          |                                           |  |
| <b>Delivery Site #2 – Delivery Site Name:</b> |           |            |                          | Check all that apply: myFOODS FFAVORS     |  |
| Select One:                                   | Prep-site | Warehouse* | Pick-up at Distributor** | Alternative Delivery Site (i.e., Caterer) |  |
| Physical Address:                             |           |            |                          |                                           |  |
| City:                                         |           | State:     | Zip:                     | County:                                   |  |
| Site Contact First and Last Name:             |           |            |                          | Phone #:                                  |  |
| Email:                                        |           |            |                          |                                           |  |
| <b>Delivery Site #3 – Delivery Site Name:</b> |           |            |                          | Check all that apply: myFOODS FFAVORS     |  |
| Select One:                                   | Prep-site | Warehouse* | Pick-up at Distributor** | Alternative Delivery Site (i.e., Caterer) |  |
| Physical Address:                             |           |            |                          |                                           |  |
| City:                                         |           | State:     | Zip:                     | County:                                   |  |
| Site Contact First and Last Name:             |           |            |                          | Phone #:                                  |  |
| Email:                                        |           |            |                          |                                           |  |
| <b>Delivery Site #4 – Delivery Site Name:</b> |           |            |                          | Check all that apply: myFOODS FFAVORS     |  |
| Select One:                                   | Prep-site | Warehouse* | Pick-up at Distributor** | Alternative Delivery Site (i.e., Caterer) |  |
| Physical Address:                             |           |            |                          |                                           |  |
| City:                                         |           | State:     | Zip:                     | County:                                   |  |
| Site Contact First and Last Name:             |           |            |                          | Phone #:                                  |  |
| Email:                                        |           |            |                          |                                           |  |
| <b>Delivery Site #5 – Delivery Site Name:</b> |           |            |                          | Check all that apply: myFOODS FFAVORS     |  |
| Select One:                                   | Prep-site | Warehouse* | Pick-up at Distributor** | Alternative Delivery Site (i.e., Caterer) |  |
| Physical Address:                             |           |            |                          |                                           |  |
| City:                                         |           | State:     | Zip:                     | County:                                   |  |
| Site Contact First and Last Name:             |           |            |                          | Phone #:                                  |  |
| Email:                                        |           |            |                          |                                           |  |
| <b>Delivery Site #6 – Delivery Site Name:</b> |           |            |                          | Check all that apply: myFOODS FFAVORS     |  |
| Select One:                                   | Prep-site | Warehouse* | Pick-up at Distributor** | Alternative Delivery Site (i.e., Caterer) |  |
| Physical Address:                             |           |            |                          |                                           |  |
| City:                                         |           | State:     | Zip:                     | County:                                   |  |
| Site Contact First and Last Name:             |           |            |                          | Phone #:                                  |  |
| Email:                                        |           |            |                          |                                           |  |

\* Requires 100 case minimum per order and exchangeable pallets.

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