

Request for Emergency USDA Foods

Requesting Agency:

Agreement No.	Address
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Area Code and Telephone No.	Fax Area Code and Telephone No.
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E-mail Address

_____ Signature of Authorized Representative	Name of Authorized Representative (Please Print) _____ Date
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Reason for request:

<p>Will agency be preparing meals for recipients? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the following: Number of people to be served: _____ Period of time USDA foods are requested: _____ Number of sites providing meal service _____</p>	<p>Will agency be distributing USDA foods to households? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the following: Areas included in request: _____ Number of households affected _____ Time period of distribution _____ Methods of distribution _____</p>
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Please provide the location of sites for prepared meals or distributed food. Attach additional sheets if necessary.

Name of site Address	Type of site: <input type="checkbox"/> Prepared meals <input type="checkbox"/> Distribute USDA Foods
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If requesting specific foods, please list below:

Commodity Code	Number of Units	Commodity Name

<p>TDA Authorization</p> <p>_____</p> <p style="text-align: center;">Signature-TDA Representative</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Name of TDA Representative</td> </tr> <tr> <td style="padding: 5px;">Title</td> </tr> </table> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>	Name of TDA Representative	Title
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