DoD Fresh Produce Request Form

Division of Food & Nutrition

Nevada Department of Agriculture

Complete this form and return to our office to request a transfer of USDA entitlement to DoD Fresh Produce for the current school year **or** to request a user for FFAVORS.

Sponsor Name: _____

Main program contact for USDA Foods Program:

Name: _____ Title: _____

Email: _____ Phone: _____

Ensure that all federally donated foods received by the School Food Authority (SFA) and made available to the Food Service Management (FSM) company accrue only to the benefit of the SFA's nonprofit school food service and are fully utilized therein.

FSM Company: _____

Requested amount of USDA Entitlement for DoD Fresh Produce $_____

List sites where DoD will be delivered: _____

_____

Authorized FFAVORS Users**:** List up to **two individuals** authorized to order DoD Fresh Produce. Include job title, email address, and phone number. *All areas must be filled. If not, the request will be denied.*

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Designated Official (*print)*: _____ Date: _____

Designated Official Signature: _____

Request #_____ **NDA Use Only** School Year _____

Approved by: _____ Date: _____

☐ FDP ☐ FFAVORS ☐ Excel

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