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| Oregon Dept. of Education  USDA Food Distribution Program | | Request for Emergency USDA Foods | | | | | | | | Return via e-mail: [ode.fooddistribution@state.or.us](file://odefs/OSS/Nutrition/_CFDP/Disaster%20Assistance/ode.fooddistribution@state.or.us) | | | |
|  | | | | | | | | | | | | | |
| **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** | | | | | | |  | | | | | | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorized Representative | | | | | | | Name of Authorized Representative (Please Print) | | | | | | |
| Date | | | | | | |
|  | | | | | | | | | | | | | |
| **Reason for USDA Foods request:**  **Delivery Location Request (must be able to accommodate semi-truck):** | | | | | | | | | | | | | |
| **Will agency be preparing meals for recipients? Yes**  **No**  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: | | | | | | | **If No, please complete the following:**  Name of Agency preparing meals:  Number of people to be served:  Period of time USDA foods are requested:  Number of sites providing meal service: | | | | | | |
| **Please provide the location of sites for prepared meals where USDA Foods will be used. Attach additional sheets if necessary.** | | | | | | | | | | | | | |
| **Name of site**        **Address** | | | | | | | | | | | | | |
| **Name of site**        **Address** | | | | | | | | | | | | | |
| **Name of site**        **Address** | | | | | | | | | | | | | |
| **Requested Food (can be found on the USDA Foods available list on** [**ODE USDA Foods website**](https://www.oregon.gov/ode/students-and-family/childnutrition/USDAFoods/Pages/default.aspx)**):** | | | | | | | | | | | | | |
| **USDA Foods Code** | | **Number of cases** | | **USDA Foods Name** | | | | | | |  | |  |
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| **USDA DoD Fresh Produce** | |  | | **I’m requesting permission to use my DoD Fresh inventory Check box:** | | | | | | |  | |  |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | **ODE Authorization** | | | | | | |  | Name of ODE Representative | | |  | |
|  |  |  | | |  | |
|  |  | Title | | |  | |
|  |  | | | |  |  | |  |  | | |  | |
|  | Signature– ODE | | | |  | Date | |  |  | | |  | |
|  | | | | | | | | | | | | | |

**Request for Emergency USDA Foods Form**

**PURPOSE**

For ODE USDA Food Distribution Program (FDP) recipient agencies and disaster assistance agencies to be able to request USDA Foods in the event of an emergency or disaster.

**PROCEDURE**

* **When to Prepare**

In the event of a disaster or emergency designation in an area, agencies may request emergency USDA foods for use in congregate feeding operations.

* **Number of Copies**

Complete one with the original signature and keep one copy.

* **Transmittal**

Send the original to [ode.fooddistribution@state.or.us](mailto:ode.fooddistribution@state.or.us)

* **Form Retention**

Keep a copy of this form for three years after the end of the fiscal year. **Exception:** If audit findings, claims or litigation have not been resolved by the end of the retention period, all forms and records must be retained until all issues are resolved.

**DETAILED INSTRUCTIONS**

* ***Requesting Agency* –** Enter the full name of the agency requesting emergency USDA foods
* ***Agreement No*. –** Enter the commodity contract or program number (if applicable)
* ***Address*** – Enter the address of the requesting agency
* ***Area Code and Telephone No. –*** Enter the telephone number of the agency contact person
* ***Fax Area Code and Telephone No. –*** Enter the fax number of the agency contact person
* ***E-mail Address –*** Enter the e-mail address of the agency contact person
* ***Signature – Authorized Representative*** – Person authorized on this form to represent the organization must sign this form.
* ***Name of Authorized Representative*** – Please print the name of the authorized representative signing the form
* ***Date*** – Enter the date the authorized representative signed the form.
* ***Reason for request –*** To receive USDA foods for an emergency or disaster, the area must either have a qualified local ‘situation of distress’ or presidential disaster declaration. Also, please indicate delivery location, which must be able to accommodate semi-truck and tractor-trailer.
* ***Will agency be preparing meals for recipients? –***
  + If yes, provide estimates of the number of people to be served; period of time you are requesting USDA foods; and the number of sites that will be providing meal service.
  + If no, provide the name of agency preparing meals; provide estimates of the number of people to be served; period of time you are requesting USDA foods; and the number of sites that will be providing meal service.
* ***Location of sites –*** Provide names and address of site locations where meals will be provided. Use additional sheets, if necessary.
* ***Requested foods –*** To request specific USDA foods, list them in the table, along with the USDA Foods code and the amount of foods. The list can found from USDA Foods available list on [ODE USDA Foods website](https://www.oregon.gov/ode/students-and-family/childnutrition/USDAFoods/Pages/default.aspx). If you are USDA DoD Fresh participant, please check box if you request to use existing inventories of USDA DoD Fresh product.
* ***ODE Authorization –*** Leave blank.