

SAMPLE COPY OF FORM FNS-7

FORM APPROVED OMB NO. 0584-0293

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE DESTINATION DATA FOR DELIVERY OF DONATED FOODS FNS Instruction 709-5 SEE INSTRUCTIONS ON REVERSE		TYPE OF ACTION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number. The valid OMB control number for this information collection is 0584-0293. The time required to complete this information collection is estimated to average .5 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.		
1. NAME OF STATE DISTRIBUTING AGENCY	2. DESTINATION (CITY) RECEIVING POINT	3. STATE IN WHICH DISTRIBUTING AGENCY IS LOCATED
4. CONSIGNEE TO ENTITY NO.	5. CARE OF (Please provide Fax No. and E-mail address if available)	
6. DELIVER TO (Street address, team track, warehouse, etc. Please provide Fax and E-Mail address if available)		
A. FOR RAIL DELIVERY	LIMITATIONS	
B. FOR TRUCK DELIVERY	LIMITATIONS	
7. SHIP BY (Shipment may be made by rail or truck unless one of the following is checked) <input type="checkbox"/> RAIL ONLY <input type="checkbox"/> TRUCK ONLY	EXPLANATION OF NEED FOR THE RESTRICTION SHOWN	
8. TITLE AND ADDRESS ONLY OF PERSON TO WHOM THE FORWARDING NOTICE AND DISTRIBUTION AGENCY CONSIGNEE RECEIPT (Form MP-209A); SHOULD BE SENT	9. TITLE AND ADDRESS ONLY OF PERSON TO WHOM THE NOTICE OF SHIPMENT SHOULD BE SENT	
10. OUTLET(S) SERVED <input type="checkbox"/> NUTRITION PROGRAM FOR THE ELDERLY (NPE) <input type="checkbox"/> CHARITABLE INSTITUTIONS <input type="checkbox"/> CHILD AND ADULT CARE FOOD PROGRAM (CACFP) <input type="checkbox"/> SUMMER CAMPS <input type="checkbox"/> SCHOOLS <input type="checkbox"/> COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) <input type="checkbox"/> SUMMER FOOD SERVICE PROGRAM <input type="checkbox"/> FOOD DIST. PRGM ON INDIAN RESERVATIONS (FDPIR) <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)		
IF DESTINATION IS A WAREHOUSE, COMPLETE ITEMS 11 THROUGH 14		
11. TYPE OF WAREHOUSE <input type="checkbox"/> STATE OWNED AND OPERATED <input type="checkbox"/> COMMERCIAL	12. IF COMMERCIAL WAREHOUSE DELIVERY ACCEPTABLE BY <input type="checkbox"/> TRANSFER OF TITLE <input type="checkbox"/> LOCAL PICKUP	
13. TYPE(S) OF STORAGE PROVIDED <input type="checkbox"/> DRY <input type="checkbox"/> REFRIGERATED <input type="checkbox"/> FREEZER	14. HANDLING OF PERISHABLE FOODS (Check one) <input type="checkbox"/> SHIPMENT ALWAYS ENTIRELY UNLOADED AND PLACED IN STORAGE <input type="checkbox"/> PART OF SHIPMENT ALWAYS OR SOMETIMES DISTRIBUTED FROM CAR OR WAREHOUSE PLATFORM	
The above information is true and correct to the best of my knowledge and belief.		
15. DATE	16. SIGNATURE OF AGENCY REPRESENTATIVE	

DESTINATION

DISTRIBUTING AGENCY - Send a fax copy to the Food and Nutrition Service Regional Office.

FNS REGIONAL OFFICE - Send a fax copy to the Kansas City Commodity Office.

FNS HANDBOOK 501
EXHIBIT N

INSTRUCTIONS

It is important that a separate form be prepared for each destination (item 2) when delivery conditions require changes in elements of information in items 5, 6, 7, 8, or 9.

In the "Type of Action" entry, check one box only indicating whether the form is to provide data for: (1) a NEW destination, (2) notification of CHANGE in data for an existing receiving point, or (3) DELETION of a destination receiving point.

ITEM

- 1 Self-explanatory.
- 2 Name of the city to which shipment is to be made. Show State only if different from item 3.
- 3 Self-explanatory.
- 4 Enter the title of the Distributing Agency's representative who is accountable for distribution of donated foods. Names are not to be shown unless essential to the Distributing Agency's operation. The Entity Number is the code designation assigned by USDA for a destination receiving point, and will be filled in by the Distributing Agency each time the form is submitted. *(Prior to submitting the form for establishment of a new destination receiving point, the Distributing Agency will contact the FNS Regional Office and obtain an Entity Number.)*
- 5 If delivery at destination is to be accepted by the Distributing Agency's representative (shown in item 4), enter "Same as item 4." If delivery at destination is to be accepted by someone other than the representative shown in item 4, that person's title is inserted here. Names are not to be shown unless essential to the Distributing Agency's operation.
- 6 This item is used jointly with item 7 since the information to be supplied is dependent upon the method of shipment indicated in item 7.

A. For Rail Delivery - No entry is to be made unless delivery to a specific location is essential to program operations, e.g., the receiving warehouse is located on a rail siding. When an entry is necessary, the address shown shall include the specific location at which the car is to be placed for unloading. When reciprocal switching is not in

effect at the point of delivery, the name of the railroad which serves this location shall be shown. For example "Blank's Warehouse, ACL," or "Industrial siding, PPP." Where reciprocal switching is in effect at the point of delivery, no delivering carrier shall be specified. If delivery is to be made on a team track, the name of a specific team track shall not be shown unless it is essential to program requirements.

Limitations. Show limiting conditions, if any, at the destination point, e.g., "Cannot handle care over maximum length of 53 feet."

B. For Truck Delivery. Show exact street address for location at which delivery will be accepted. If same as for "Rail Delivery," enter "Same as for rail delivery."

Limitations. Show limiting conditions, if any, at the destination point, e.g., "12 1/2-foot clearance."

- 7 It is desirable that shippers be allowed to make shipment by either rail or truck so that the means of transportation can be selected which will result in least transportation costs. Distributing agencies may restrict the method of shipment only when necessary to their program operations. If a specific mode of transportation is shown, an explanation must be made of the need for the restriction.
- 8 If this person is the same as the one to whom the Notice of Shipment is sent, enter "Same as item 9." Names are not to be shown unless essential to the Distributing Agency's operations.
- 9 Self-explanatory. Names are not to be shown unless essential to the Distributing Agency's operations.
- 10 Indicate the outlet(s) to which distributions are made from this destination point.
- 11 12, 13, and 14 self-explanatory.
- 15 & 16 The Distributing Agency's representative (item 4) will complete these entries.