

FNS Handbook 501

Exhibits O-X

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS
MONTHLY DISTRIBUTION GUIDE RATES BY HOUSEHOLD SIZE
Effective: October 1, 2004

Household Size	1	2	3	4	5	6	7	8	
Commodity	Number of Items Per Month								Choices
BREAD, CEREAL, RICE, AND PASTA									
Cereal, Dry (all sizes)	1	2	3	4	5	6	7	8	Corn, Oat, Rice, Bran
Quick Oats (42 oz. package)	1 per 2 mos.	1	2	2	3	3	4	4	
Farina (14 oz. box)	1 per 2 mos.	1	2	2	3	3	4	4	
Macaroni & Cheese (1 package) and Macaroni (1 lb. box)	1	2	3	4	5	6	7	8	NOTE: Pasta and rice may be substituted on a pound-for-pound basis. Any combination of pasta and rice cannot exceed 4 pounds per person.
or									
Macaroni (1 lb. box)	2	4	6	8	10	12	14	16	
or									EXCEPTION: Macaroni & Cheese shall not exceed 1 package per person.
Spaghetti (2 lb. box)	1	2	3	4	5	6	7	8	
Rice (2 lb. package)	1	2	3	4	5	6	7	8	
Egg Noodles (1 lb. package)	1	2	3	4	5	6	7	8	
Cornmeal or All Purpose Flour or Whole Wheat Flour (5 lb. bag)	2	4	6	8	10	12	14	16	
Bakery Mix (5 lb. bag)	1 per 4 mos.	1 per 2 mos.	1	1	2	2	2	2	
Saltine Crackers (1 lb. box)	1 per 2 mos.	1	2	2	3	3	4	4	

**FNS HANDBOOK 501
EXHIBIT O**

Household Size	1	2	3	4	5	6	7	8	
Commodity	Number of Items Per Month								Choices
VEGETABLES									
Canned Vegetables (#300 can)	9	18	27	36	45	54	63	72	Carrots, Corn Kernel, Corn Cream, Green Beans, Peas, Potatoes, Spinach, Mixed Vegetables, Sweet Potatoes, Pumpkin, Diced Tomatoes, Tomato Sauce
Spaghetti Sauce (#300 can)	1	2	3	4	5	6	7	8	
Dehydrated Potatoes (1 lb. package)	1	2	3	4	5	6	7	8	
Canned Soups (#1 can)	2	4	6	8	10	12	14	16	Tomato, Vegetarian Vegetable
FRUIT									
Canned Fruit (#300 can)	9	18	27	36	45	54	63	72	Applesauce, Apricots, Peaches, Pears, Pineapple, Fruit Cocktail
Dried Fruit (15-16 oz. package)	1	2	3	4	5	6	7	8	Dried Plums, Raisins
Canned Juice (46 oz. can)	3	6	9	12	15	18	21	24	Apple, Grape, Grapefruit, Orange, Pineapple, Tomato, Cranberry-based
NOTE: May substitute 1 can of vegetable for 1 can of fruit, up to 4 cans of fruit per person.									

Household Size	1	2	3	4	5	6	7	8	
Commodity	Number of Items Per Month								Choices
MEAT, POULTRY, FISH, DRY BEANS, EGGS, AND NUTS									
Canned Meat/Poultry/Fish (12-30 oz. can) or Canned Meat/Poultry/Fish (1.8 lb. can) and Frozen Ground Beef* (1 lb. package) or Canned Meat/Poultry/Fish (1.8 lb. can) and Frozen Ground Beef* (1 lb. package) and Frozen Cut-up Chicken* (approx. 2.50-3.75 lb. package)	3 1 3 1 1 1	6 2 6 2 2	9 3 9 3 3	12 4 12 4 4	15 5 15 5 5	18 6 18 6 6	21 7 21 7 7	24 8 24 8 8	Beef, Luncheon Meat, Chunky Beef Stew, All-White Meat Turkey, Tuna * Frozen Ground Beef and Frozen Chicken are available only to approved ITOs and SAs determined eligible to receive these products. Substitution Rates: 1 can of meat/poultry/fish = 2 frozen ground beef = 1 frozen chicken
NOTE: Households may apply the substitution rates up to the following maximum rates of issuance: 3 cans of meat/poultry/fish per person; 3 frozen ground beef per person; 1 frozen chicken per person. Canned products 15.5 oz. or smaller are issued on a 2 for 1 basis.									
Dry Beans (2 lb. bag)	1	2	3	4	5	6	7	8	Pinto, Great Northern, Baby Lima
Canned Vegetarian Beans (#300 can) or Canned Lowfat Refried Beans (#300 can) or Canned Kidney Beans (#300 can)	2	4	6	8	10	12	14	16	NOTE: May be substituted on a pound-for-pound basis.
All Purpose Egg Mix (6 oz. package)	2	4	6	8	10	12	14	16	
Smooth Peanut Butter (18 oz. package) or Roasted Peanuts (12 oz. can)	1 1	2 2	3 3	4 4	5 5	6 6	7 7	8 8	

Household Size	1	2	3	4	5	6	7	8	
Commodity	Number of Items Per Month								Choices
MILK, YOGURT, AND CHEESE									
Block Process American Cheese or Sliced Reduced-fat Cheese Blend (5 lb. loaf)	1 per 2 mos.	1	2	2	3	3	4	4	
Evaporated Milk (12 oz. can)	4	8	12	16	20	24	28	32	
Instant Nonfat Dry Milk (25.6 oz. box)	1 per 2 mos.	1	2	2	3	3	4	4	NOTE: <u>No</u> substitutions with evaporated milk.
FATS, OILS, AND SWEETS									
Shortening (3 lb. can) or Vegetable Oil (48 fl. oz.) or Butter (1 lb. print)	1 per 2 mos.	1	2	2	3	3	4	4	NOTE: May be substituted on a pound-for-pound basis.
	1 per 2 mos.	1	2	2	3	3	4	4	
	2	3	6	6	9	9	12	12	
Corn Syrup (24 oz. plastic)	1 per 2 mos.	1	2	2	3	3	4	4	

**Food Distribution Program on Indian Reservations
Fresh Fruit and Vegetable Guide Rates**

Guide Rates:

Participating FDPIR households may substitute 1 pound of fresh produce for 1 canned item, up to a total of 9 cans of fruit and 9 cans of vegetables per person.

Substitution Rate:

Participating households may substitute 1 pound of vegetable for 1 pound of fruit up to 4 pounds of fruit per person.

Fresh Produce Shopping List:

Vegetables

Carrots
Onions
Red Onions
Russet Potatoes
Red Potatoes
Winter Squash
Sweet Potatoes
Turnips
Cabbage
Celery
Green Pepper
Cucumbers
Mixed Vegetables

Seasonal:

Corn

Fruits

Apples
Grapefruit
Oranges
Pears
Mixed Fruit

Seasonal:

Peaches

(RESERVED)

SAMPLE COPY OF FORM FNS-52

OMB FORM APPROVED NO. 0584-0293

U.S. DEPARTMENT OF AGRICULTURE FOOD AND NUTRITION SERVICE FOOD REQUISITION		STATE		NAME OF DISTRIBUTING AGENCY		CHECK ONE ("X") TYPE OF ACTION <input type="checkbox"/> UNITS <input type="checkbox"/> POUNDS <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL		FOR FNS USE ONLY 6. REQUISITION NO. 7. STAMP DATE (3) (6)	
SEE INSTRUCTIONS ON REVERSE 1. COMMODITY (SHORT TITLE) (20)		2. D/A CODE (3)		3. DELIVERY YEAR (ALPHA) (1)		4. FISCAL YEAR OF PURCHASE (2)		5. SECTION OF PUBLIC LAW (3)	
9. ALLOCATION NO. (5)		10. ENDING SHIPPING/DELIVERY DATE (6)		11. PLANNED PROGRAM USAGE BY OUTLET, ADJ CODE & QUANTITY FIRST LINE: SHOWS OUTLET(S) (4) AND ADJUSTMENT CODE(S) (1) SECOND LINE: SHOWS QUANTITY FOR EACH OUTLET (7)		12. TOTAL QUANTITY (8)		13. R C O D E (1)	
4		6		OUTLET 1 OUTLET 2 OUTLET 3 OUTLET 4 OUTLET 5		(8)		14. DESTINATION ENTITY CODE C/D CITY (5) (1) (16)	

SPECIMEN

The undersigned, being duly authorized to request foods for and on behalf of the agency named above, does hereby certify that local preferences and inventories have been considered prior to submitting this Food Request, agrees to accept the food shown hereon upon delivery at destination(s) indicated, and to distribute the entire quantity in accordance with instructions of the Food and Consumer Service. The signing of the "Distributing Agency Consignee Receipt" on Form KC-269A by the undersigned or his designee shall constitute acceptance of the food for and on behalf of the Agency.

15. DISTRIBUTING AGENCY CERTIFICATION		16. FOOD & NUTRITION SERVICE APPROVAL	
A. DATE		B. SIGNATURE	
C. TITLE		C. TITLE	

FNS-52 (9-98) Previous editions obsolete.

SAMPLE COPY OF FORM FNS-52

INSTRUCTIONS

ITEM

STATE-Enter the name of the State in which the Distributing Agency is located.

DISTRIBUTING AGENCY-Enter the name of the Distributing Agency.

UNITS OR POUNDS -Place an "X" in the applicable box.

TYPE OF ACTION -Place an "X" in the applicable box.

The numbered blocks will be keyed by FNS Regional Office, as outlined below. The numbers appearing in parentheses after the block title show the maximum number of characters that may be keyed.

BLOCK

1. **COMMODITY** -Enter the short title as provided by the FNS Regional Office. (This must be identical to the short title given in the FNS commodity file.)
2. **D/A CODE**-Enter the three digit code number of the Distributing Agency.
3. **DELIVERY YEAR**-Enter the alphabetical designation, provided by FNS Regional Office, for delivery year in which shipment is to be made, regardless of outlet. For example, all orders requested for shipment between 7/1/82 and 6/30/83 should have a delivery year code D, for all outlets.
4. **FISCAL YEAR OF PURCHASE**-Enter the fiscal year during which the commodity will be purchased. This information is provided in allocations for Group A foods and for Group B foods through a separate coding sheet available from FNS.
5. **SECTION OF PUBLIC LAW**-Enter the section of the public law as advised by the FNS Regional Office.
6. **REQUISITION NUMBER** -Leave blank. This space for FNS use only.
7. **STAMP DATE** -Leave blank. This space for FNS use only.
8. **DELIVERY YEAR**-Order numbers assigned by the Distributing Agency should be expressed in three digits, beginning with 001 for each food unless instructed differently by FNS Regional Office. If a destination change is necessary to the original order, the original order must be cancelled and the changed order would carry the original order number plus an alphabetical suffix, A, B, or C. Suffixes D, E, etc. are used for other types of delivery order changes, such as when it is necessary to split one delivery order into two or more. If it is necessary to cancel an order for any

reason other than a destination change after it has been processed by the Kansas City ASCS Field Office (KCFO), the order number shall not be reused; if replacement is necessary, use a new order number.

9. **ALLOCATION NUMBER** -Enter the allocation number provided by the FNS Regional Office.
10. **ENDING SHIPPING/DELIVERY DATE**-The final day of the shipping/delivery period is required. States may show entire requested shipping/delivery period if desired.
11. **PLANNED PROGRAM USAGE BY OUTLET, ADJUSTMENT CODE AND QUANTITY** -Enter approved codes for planned program usage as provided by FNS Regional Office. Enter the number of Units or Pounds requested for each outlet. The total of the outlet quantities must equal the quantity shown in the TOTAL QUANTITY column (Block 12). Each planned usage outlet may have one approved adjustment code, if needed.
12. **TOTAL QUANTITY** -Total quantity must equal the sum of the quantities shown in the Quantity columns in Block 11.
13. **REDONATION CODE**-If commodity is to be redonated at USDA expense, as approved by the FNS Regional Office, enter "R". If redonation is for information only, enter "S".
14. **DESTINATION** -(Entity Code, Check Digit Code and City). Entity and check digit codes provided by KCFO for each given destination must be used. If the city name is less than 7 digits, the State 2-letter code must also be shown. If it is necessary to change the destination for an order already submitted to KCFO, please follow the instructions for Block 8, Delivery Order Number.

REMARKS-For use by the Distributing Agency or the FNS Regional Office. Remarks will be key entered at the FNS Regional Office using established codes for standard remarks, combined code and message, or free form message. Remarks should be written or typed on the form on the appropriate order number line. Established remarks codes are available through FNS Regional Office.

DISTRIBUTION

1. The Distributing Agency shall retain the pink copy and forward the original and other copies (with carbon inserts) to the FNS Regional Office. If any remarks are given, the last remarks page may also be kept by the Distributing Agency as a record.
2. After approval by the FNS Regional Office, a buff copy shall be returned to the Distributing Agency.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0293. The time required to complete this collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

SAMPLE COPY OF FORM FNS-53

FORM APPROVED CMB NO. 0584-0288

Public reporting burden for this collection of information is estimated to average 10 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

U.S. DEPARTMENT OF AGRICULTURE MULTI-FOOD REQUISITION (SEE INSTRUCTIONS ON REVERSE)		QUARTER			STATE OR ITO			DISTRIBUTING AGENCY			AVERAGE PARTICIPATION						
1 D/A CODE		2 DELIVERY YEAR		3 F/R - D/O NO.		4 OUTLET		5 ENTITY CODE		6 CITY		7 DELIVERY PERIOD		8 REMARKS		9	
10 COMMODITY CODE	10 COMMODITY DESCRIPTION (USE SHORT TITLE)	11 EST. COST PER LB.	12 NET WT. PER UNIT (CASE)	13 QTY. REQ. CASES	14 TOT. NET WEIGHT (LBS.)	15 TOTAL VALUE (\$)	16 ADJ. CODE	17 SECT. LAW	18 REDO								
A060	BEANS GREEN 303		24/303														
A090	BEANS VEG 300		24/300														
A095	CARROTS		24/303														
A120	CORN CREAM		24/303														
A121	CORN KERNEL		24/303														
A135	LENTILS		12/2														
A145	PEAS 303		24/303														
A163	PUMPKIN		24/303														
A166	SPINACH		24/303														
A169	POTATOES 303		24/303														
A196	POTATOES DEHY 12		12/1														
A221	SWEET POTATOES 303		24/303														
A244	TOMATO SAUCE 300		24/300														
A248	TOMATOES 303		24/303														
A251	SYRUP P		12/24														
A280	GRAPEFRUIT J		12/46														
A282	APPLE J		12/46														
A285	GRAPE J		12/46														
DISTRIBUTING AGENCY CERTIFICATION		REGIONAL OFFICE		DATE		FOOD AND NUTRITION SERVICE APPROVAL		SIGNATURE									
DATE		SIGNATURE															

FNS-53 (8-93) Previous editions obsolete

D/A CODE		DELIVERY YEAR				F/R-D/O NUMBER				DELIVERY PERIOD			
9 COMMODITY CODE	10 COMMODITY DESCRIPTION (USE SHORT TITLE)	11 EST. COST PER LB.	PACK TYPE	12 NET WT. (CASE)	13 QTY. REG. CASES	14 TOT. NET WEIGHT (LBS.)	15 TOTAL VALUE (\$)	16 ADJ. CODE	17 SECT. LAW	18 REDO			
A286	PINEAPPLE J		12/46	37.70									
A290	TOMATO J		12/46	36.50									
A300	ORANGE J		12/46	37.50									
A355	APPLESAUCE 303		24/303	24.00									
A401	F. COCKTAIL 303		24/303	24.00									
A412	PEACHES CLING 303		24/303	24.00									
A439	PEARS 303		24/303	24.00									
A446	PINEAPPLE 2		24/2	30.00									
A461	PLUMS 303		24/303	24.00									
A480	PRUNES 1		24/1	24.00									
A502	RAISINS 48		48/1	48.00									
A560	POULTRY CND		24/29	43.50									
A562	CHICKEN CND		24/29	43.50									
A570	EGG MIX 6		48/6	18.00									
A597	STEW CND		24/24	36.00									
A599	STEW 24/15		24/15	22.50									
A610	BEEF NJ		24/29	43.50									
A617	LUNCHMEAT P 24		24/30	45.00									
A619	LUNCHMEAT 24		24/30	45.00									
A630	PORK NJ		24/29	43.50									
A740	TUNA 12.5		24/12.50	18.75									
A741	TUNA 12.25		24/12.25	18.37									
A800	SALMON PINK		48/14.75	44.25									

D/A CODE		DELIVERY YEAR			F/R-D/O NUMBER			DELIVERY PERIOD			
9 COMMODITY CODE	10 COMMODITY DESCRIPTION (USE SHORT TITLE)	11 EST. COST PER LB.	PACK TYPE	12 NET WT. PER UNIT (CASE)	13 QTY. REQ. CASES	14 TOT. NET WEIGHT (LBS.)	15 TOTAL VALUE (\$)	16 ADJ. CODE	17 SECT. LAW	18 REDO	
A910	BEANS BLKEYE 2		12/2	24.00							
A912	BEANS B LIMA 2		12/2	24.00							
A914	BEANS PINTO 2		12/2	24.00							
A917	BEANS GRT NORTH 2		12/2	24.00							
A918	BEANS NAVY PEA 2		12/2	24.00							
A920	BEANS LT KIDNEY 2		12/2	24.00							
A922	PEAS SPLIT 2		12/2	24.00							
B060	BUTTER 36		36/1	36.00							
B060	CHEESE 30		6/5	30.00							
B061	EVAP 12		48/12	40.00							
B090	INSTANT 24		6/4	24.00							
B137	CORNMEAL 6 DEG		10/5	50.00							
B141	CORNMEAL 10 DEG		5/10	50.00							
B160	FARINA		24/14	21.00							
B161	CEREAL INFANT RM		12/8	6.00							
B162	FORMULA SOY DRY		6/14	6.25							
B163	FORMULA SOY 12		12/13	10.75							
B165	FORMULA		24/13	21.50							
B166	FORMULA SOY		24/13	21.50							
B167	FORMULA POWDER		12/1	12.00							
B168	FORMULA POWDER 6		6/1	6.00							
B179	FLOUR AP 5		10/5	50.00							
B180	FLOUR AP 10		5/10	50.00							
B229	FLOUR B 5		10/5	50.00							

SPECIMEN

D/A CODE		DELIVERY YEAR				F/R-D/O NUMBER				DELIVERY PERIOD			
9 COMMODITY CODE	10 COMMODITY DESCRIPTION (USE SHORT TITLE)	11 EST. COST PER LB.	PACK TYPE	12 NET WT. PER UNIT (CASE)	13 QTY. REQ. CASES	14 TOT. NET WEIGHT (LBS.)	15 TOTAL VALUE (\$)	16 ADJ. CODE	17 SECT. LAW	18 REDO			
B230	FLOUR B 10		5/10	50.00									
B349	FLOUR WW 5		10/5	50.00									
B350	FLOUR WW 10		5/10	50.00									
B387	FLOUR MIX		6/5	30.00									
B403	HONEY 24		24/24	36.00									
B425	MACARONI 1		24/1	24.00									
B445	OATS 3		12/3	36.00									
B470	PB 2		24/2	48.00									
B501	ROASTED 12		24/12	18.00									
B610	RICE 2		24/2	48.00									
B670	WHEAT 3		12/3	36.00									
B666	VEG OIL 48		10/5	23.10									
B720	SHORT S 3		12/3	36.00									
B835	SPAGHETTI 2		12/2	24.00									
B850	CEREAL CORN		24/18	27.00									
B851	CEREAL CORN 16		14/16	14.00									
B852	CEREAL CORN 17.5		12/17.5	13.13									
B860	CEREAL OATS		24/15	22.50									
B861	CEREAL OATS 16		12/16	12.00									
B864	CEREAL RICE		24/13	19.50									
B866	CEREAL RICE 12		12/13	9.75									
B867	CEREAL RICE 17.5		12/17.5	13.13									
B870	CEREAL WHEAT		24/18	27.00									
B871	CEREAL WHEAT 16		12/16	12.00									

STEEPLEMOUNT

INSTRUCTIONS

(For State Distributing Agency or Indian Tribal Organization)

ITEM:

QUARTER - Enter the Quarter provided by the FNS Regional Office for School Year in which shipment is to be made. Example: Q1 (for January, February, or March); Q2; Q3, or Q4.

STAFF - Enter the two-letter State Code in which the Distributing Agency is located. Example: For UTE Mountain Tribe in Colorado you would enter CO.

NAME OF DISTRIBUTING AGENCY - Enter the name of the Distributing Agency.

AVERAGE PARTICIPATION - Enter the average number of participants served by the program.

TYPE OF ACTION - Place an "X" in the applicable category. (Delete, Add, or Change)

BLOCK:

1. **DA CODE** - Enter the three-digit code number of the Distributing Agency.
2. **DELIVERY YEAR (ALPHA)** - Enter the alphabetical designation provided by the FNS Regional Office for the School Year in which shipment is made.
3. **FOOD REQUISITION/DELIVERY ORDER NUMBER** - Use the same number for both categories. Assign numbers unless advised by the FNS Regional offices. The numbers should begin with 501 each school year, continuing numerically through 899.
4. **OUTLET** - Enter the appropriate outlet as follows: CSEP for Commodity Supplemental Food Program; FDIR for Food Distribution Program on Indian Reservations.
5. **ENTITY CODE** - The entity code is provided by the Kansas City Commodity Office (KCCO) for each given destination.
6. **CITY** - The City should be spelled out in its entirety.
7. **DELIVERY PERIOD (NUMERICAL)** - Enter the beginning and ending delivery period desired. First half: 01/15/93. Second half: 01/ 31/93.
8. **REMARKS** - For use by the Distribution Agency or the Regional Office. Indicate (by city) if shipment should be combined. Example: "Combine w/Rochester." Also list information important for KCCO to receive such as "No deliveries on Friday."
9. **COMMODITY CODE** - Items are preprinted. If new item, check with FNS Regional Office for correct code.
10. **COMMODITY DESCRIPTION "SHORT TITLE"** - Items are preprinted. If new item, check with FNS Regional Office for correct short title.
11. **ESTIMATED COST PER POUND** - Optional entry, cost per pound of a commodity.
12. **NET WEIGHT PER UNIT (CASES/Balers)** - Items are pre-printed.
13. **QUANTITY REQUESTED** - (CASES/Balers: Enter the number of full cases/balers requested.
14. **TOTAL NET WEIGHT PER ORDER (POUNDS)** - Enter net pack weight per order (pounds). Net pack weight x units requested = Net weight per order. Total weight per truckload should not exceed 36,000 pounds net weight. Weight must be adjusted downward when ordering bulky light weight items such as adult cereal.
15. **TOTAL VALUE** - Optional entry, total net weight x estimated cost equals total value.

The following categories should be left blank, for FNS Regional Offices or FNS Headquarters to complete:

16. **ADJUSTMENT CODE** - (Leave Blank)
17. **SECTION LAW** - (Leave Blank)
18. **REDONATION CODE** - (Leave Blank)

DISTRIBUTING AGENCY CERTIFICATION - The person who executed the "Agreement for Distribution" and use of Donated Commodities (Form FNS-51) on behalf of the Distributing Agency, or his/her designee, shall sign and date here in ink or indelible pencil.

(For FNS Regional Office)

BLOCK:

3. **DELIVERY ORDER/FOOD REQUISITION NUMBER** - Begin with 501, continuing numerically through 899.
8. **REMARKS** - Optional.
16. **ADJUSTMENT CODE** - Refer to IT instructions for appropriate adjustment codes and their use.
17. **SECTION LAW** - Commodity Supplemental Food Program (CSFP) - 17 Food Distribution Program on Indian Reservations (PIR) - 4a.
18. **REDONATION CODE** - Refer to IT instructions for appropriate redonation codes and their use.

FOOD AND NUTRITION SERVICE APPROVAL - The FNS Regional Office employee who is authorized to approve Food Requisitions will show the appropriate Regional Office (SERO, MPRO, etc.), and sign and date. This approval by Regional Office indicates that States or Tribal inventory levels have been checked out and the orders have been prepared in accordance with these instructions.

DISTRIBUTION:

1. The Distribution Agency shall retain one copy and forward the original and other copies with carbon inserts to the FNS Regional Office.
2. After approval for multi-food shipments, the FNS Regional Office will send one copy with any changes to the Distribution Agency. The Regional Office will retain the original.

(RESERVED)

SAMPLE COPY OF FORM FNS-57

FORM APPROVED OMB NO. 0584-0293

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

REPORT OF SHIPMENT RECEIVED OVER, SHORT AND/OR DAMAGED

SEE INSTRUCTIONS ON REVERSE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays 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 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

SECTION A - SHIPMENT IDENTIFICATION AND UNLOADING INFORMATION

1. NAME OF COMMODITY	2. TYPE OF PACK	3. CONTRACT NO.	4. DESTINATION CITY AND STATE
5. DELIVERY ORDER NO.	6. NOTICE TO DELIVER NO.	7. METHOD OF DELIVERY <input type="checkbox"/> RAIL <input type="checkbox"/> TRUCK <input type="checkbox"/> PIGGYBACK	8. RR CAR, TRUCK, OR PIG NO.
9. UNLOADED STARTED (Date and Time)		COMPLETED (Date and Time)	10. OCEAN BILL OF LADING NO. (Overseas Shipment Only)

SECTION B - OVERAGE, SHORTAGE, AND/OR DAMAGE

11. QUANTITY					
A. REPORTED SHIPPED	B. AMOUNT RECEIVED IN GOOD CONDITION	C. OVER	D. SHORT	E. DAMAGED	F. HIDDEN DAMAGE
12A. DAMAGE/OVERAGE/SHORTAGE WHEN DISCOVERED <input type="checkbox"/> BEFORE UNLOADING <input type="checkbox"/> DURING UNLOADING <input type="checkbox"/> AFTER UNLOADING		12B. HOW DISCOVERED <input checked="" type="checkbox"/> UNLOADING TALLY <input type="checkbox"/> PHYSICAL RECOUNT <input type="checkbox"/> OTHER		13. CARRIER'S AGENT PRESENT DURING UNLOADING <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. DOOR SEAL NUMBERS A. INBOUND NUMBERS AND CONDITION OF SEALS			B. OUTBOUND SEAL NUMBERS (If Applicable)		
15. CARRIER'S AGENT NOTIFICATION A. NAME OF AGENT B. DATE NOTIFIED			16. DID CARRIER'S AGENT RESPOND TO NOTIFICATION? <input type="checkbox"/> YES (In what way) <input type="checkbox"/> NO (Explain)		
C. HOW NOTIFIED <input type="checkbox"/> IN PERSON <input type="checkbox"/> FAX <input type="checkbox"/> TELEPHONE <input type="checkbox"/> E-MAIL					
17. COMPLETE IF APPLICABLE					
A. WAS MECHANICAL REFRIGERATION, EQUIPMENT OPERATING <input type="checkbox"/> YES <input type="checkbox"/> NO			B. TEMPERATURE OF REFRIGERATION UNIT/INTERIOR TEMP/COMMODITY		

CONSIGNEE CERTIFICATION

I CERTIFY the information and statements above are, to the best of my knowledge and belief, true and correct.

DATE	SIGNATURE OF CONSIGNEE OR REPRESENTATIVE
------	--

CARRIER CERTIFICATION

Receipt of a copy of this report is hereby acknowledged and the facts contained herein are verified.

SIGNATURE OF CARRIER'S AGENT	NAME AND ADDRESS OF CARRIER
DATE	CARRIER REMARKS

REMARKS (IF DAMAGED, PLEASE INDICATE NATURE AND DISPOSITION OF THE DAMAGE)

FNS HANDBOOK 501
EXHIBIT S

INSTRUCTIONS

This report is to be prepared whenever a shipment is received over, short, and/or damaged.

**SECTION A - SHIPMENT IDENTIFICATION/
UNLOADING INFORMATION**

This section will be completed at all times to identify the shipment being reported as over, short and/or damaged.

ITEM

1. Self-explanatory.
2. Show type of pack, such as case 6/10's, case 12/No. 3 cylinders, 50# bag, etc.
3. Self-explanatory.
4. Self-explanatory.
5. Record Delivery Order No including Commodity Code.
6. Record the Notice to Deliver No. shown in the space marked "N/D No." in the upper right on the KCCO 269A.
7. Check applicable box.
8. Record railroad car number, truck, or piggyback number.
9. Record date and time unloading started, and date and time unloading was completed.
10. When applicable, record the ocean bill of lading number, (For Overseas Shipments ONLY)

**SECTION B - OVERAGE, SHORTAGE, AND/OR
DAMAGE**

When a shipment is received over, short, and/or damaged, items 11 through 16 should be completed.

- 11A. Record the number of units shown on the (KCCO) 269A, Forwarding Notice.
- 11B. Record the number of units received.
- 11C. Record the number of units received over the quantity reported shipped on the 279A.
- 11D. Record the number of units received short of the quantity reported shipped on the 269A.

- 11E. Record the number of units received damaged of the quantity reported shipped on the 269A.
- 11F. Record the number of units received damaged of the quantity reported shipped on the 269A after unloading.
- 12A. Check applicable box.
- 12B. Show the information that will establish proof that the shipment was actually over, short, and/or damaged.
13. Check applicable box to show whether or not carrier's agent was present from time car or truck was opened until unloading was completed.
- 14A. Record the inbound seal numbers on all doors and the condition of the seals. If shipment was made and not sealed, show "no seals."
- 14B. If applicable, intermediate consignees on split shipments shall record the seal numbers placed on all doors.
- 15A,B, C. Complete all three items.
16. If the "yes" box is checked, explain how the agent responded (for example: made personal inspection; advised that they would not be available; advised consignee's inspection would suffice, etc.)

If the carrier's agent did not respond, explain why (for example: no agent available; refused to inspect; did not acknowledge, etc.)
- 17A. Check applicable boxes.
- 17B. Record the temperature of the refrigeration unit located on the outside of the trailer, interior temp/ commodity.

CONSIGNEE'S CERTIFICATION

Self-explanatory.

CARRIER'S CERTIFICATION

Request that the carrier's agent complete these items, if the agent refuses, and if available, request a copy of the carrier's S&D report. If the carrier does not have a report make the following notation "Agent (insert name of driver) of (insert name of carrier) did not agree with this report. The reason for the dispute is (give brief explanation). A copy of the report was given to him/her on (insert date)." If the carrier's signature cannot be obtained within 10 days or if the carrier is not available, make the following notation "carrier did not respond" or carrier is not available."

NOTE: Only one form needs to be completed for a consolidation shipment. Make sure all overages, shortages and damages are fully explained. If necessary please attach a separate sheet. Item 6 - please list the consolidation number rather than the ND.

SAMPLE COPY OF FORM KC-269-A

KC-269-A (1-15-89)		U. S. DEPARTMENT OF AGRICULTURE Kansas City FSA Commodity Office			FORM APPROVED - OMB No. 056 0-0043				
FORWARDING NOTICE				DATE 10/19/98	CONTRACT No. OR WHSE. CODE 12029302501	N C No VDD020259242			
PAGE 1 OF 1				DOCKET	ANNOUNCEMENT L558	INVITATION 914			
HAS BEEN INSTRUCTED TO DELIVER THE FOLLOWING COMMODITY									
COMMODITY DESCRIPTION BEEF, COARSE GROUND, REPROCESS	SERVICING CARRIER	PC 8	PY 99	COMM CODE 2510	CERTIFICATE No.	GRADE FOB OR F&S DESTIN			
MAILING ADDRESS OF SHIPPER FRESNO MEAT COMPANY 3115 S. FIG AVENUE P.O. BOX 12807 FRESNO CA 93779			LOCATION OF SHIPPER FRESNO MEAT COMPANY 3115 S. FIG AVENUE P.O. BOX 12807 FRESNO CA 93706						
PHONE 209-265-4380 6									
*NOTE Explain all differences between billed and received weight on reverse									
WAREHOUSE LOT IDENTIFICATION -									
LOT No.	PC	PY	COMM. CODE	SIZE-TYPE UNITS	No. OF UNITS	NET WEIGHT	GROSS WEIGHT	CERTIFICATE No.	EX N D No
FINAL CONSIGNEE AND DESTINATION I 446185 ITEM NO OOB									
TC 510	DESTINATION CITY & STATE SEE BELOW		DISPOSITION NUMBER A594124YO10C	SIZE-TYPE UNITS 60 LB CTN	UNITS 700	NET WEIGHT 42.000	GROSS WEIGHT 43.400	DELY CARR	
C/O TRUCK DELY LOC PIERRE SPECIALTY FOODS C/O INTERSTATE WAREHOUSING 110 DISTRIBUTION DRIVE HAMILTON OH 45014 CALL 24 HOURS IN ADVANCE FOR APPOINTMENT CONTACT RECEIVING DEPT PHONE 513-874-6500			C/O RAIL DELY LOC			CONSIGN TO MARYLAND DEPARTMENT OF EDUCATION 124			
CONSIGNEE RECEIPT FOR			UNITS RECEIVED	DATE RECD	RECEIVED BY (SIGNATURE & TITLE)				
CONTACT AUSTIN SMITH PHONE 410-767-0206 FAX 410-333-2635									
NON-COMMON CARRIER MOVES									
WAREHOUSE LOT IDENTIFICATION -									
LOT No.	PC	PY	COMM. CODE	SIZE-TYPE UNITS	No. OF UNITS	NET WEIGHT	GROSS WEIGHT	CERTIFICATE No.	EX N D No
CONSIGNEE AND DESTINATION II									
TC	DESTINATION CITY & STATE		DISPOSITION NUMBER	SIZE-TYPE UNITS	UNITS	NET WEIGHT	GROSS WEIGHT	DELY CARR	
CONSIGNEE RECEIPT FOR									
UNITS RECEIVED									
DATE RECD									
RECEIVED BY (SIGNATURE & TITLE)									
NON-COMMON CARRIER MOVES									
ROUTING - To Order Equipment, Phone					RATE ID	TRANS MODE	MILES		
FOR MORE INFO, PHONE JANE COLEMAN 816 926 2607					UNITS 700	NET WEIGHT 42.000	GROSS WEIGHT 43.400		
FOR TRANSPORTATION INFO, PHONE 000 0000					SHIP NET 11/08/98	SHIP NLT 11/21/98	*****		
SHOW ON B/L: VENDOR/TRUCKER MUST CONTACT CONSIGNEE AT LEAST 24 HOURS BEFORE DELIVERY FOR APPOINTMENT TO UNLOAD.									
R E M A R K S									

FNS HANDBOOK 501
EXHIBIT T

KC-269-A (REVERSE)

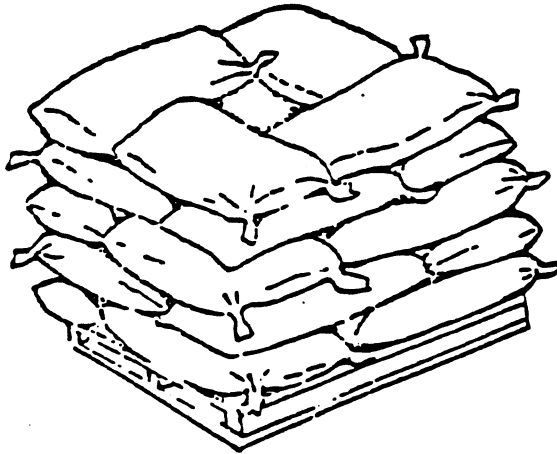
PAGE OF

<input checked="" type="checkbox"/> SECTION I REPORT OF CARGO OVER, SHORT, AND/OR DAMAGED										
NOTE: No further monies or other benefits may be paid out under this program unless this report is completed and filed, when necessary, as required by existing laws and regulations (PL-806).										
COMMODITY			DESTINATION				N/D NUMBER			
NAME AND ADDRESS OF SHIPPER					QUANTITY		WEIGHT PER UNIT			
					BILLED		RECEIVED			
A. OVERAGE			B. SHORTAGE (SUBMIT COPY OF UNLOADING TALLY SHEET)							
1. NUMBER OF UNITS OVER			1. NO. UNITS SHORT		2. SEAL NUMBER (BOTH DOORS) <input type="checkbox"/> SEALS INTACT <input type="checkbox"/> SEALS BROKEN		3. SHORTAGE DISCOVERED <input type="checkbox"/> BEFORE UNLOADING <input type="checkbox"/> DURING UNLOADING <input type="checkbox"/> AFTER UNLOADING			
2. DISPOSITION			4. CAR UNLOADED FROM							
			<input type="checkbox"/> A. CAR TO PIER		<input type="checkbox"/> C. FLOAT TO PIER		<input type="checkbox"/> E. CAR TO WAREHOUSE		<input type="checkbox"/> G. IF (E) OR (F) IS CHECKED SHOW DISTANCE	
			<input type="checkbox"/> B. CAR TO LIGHTER		<input type="checkbox"/> D. FLOAT TO SHIP		<input type="checkbox"/> F. TEAM TRACK VIA TRUCK TO WAREHOUSE			
5. DESCRIBE LOAD BY TIERS AND STATE LOCATION OF TIERS IN WHICH SHORTAGE WAS FOUND										
6. WAS LOAD UNITIZED (PALLET/SHRINK WRAPPED) <input type="checkbox"/> YES <input type="checkbox"/> NO										
7. PROTECTION AFFORDED SHIPMENT DURING UNLOADING										
C. DAMAGE										
1. NUMBER OF UNITS			2. NATURE OF DAMAGE				3. APPARENT CAUSE			
A. DAMAGED		B. RECOVERED								
4. NET LOSS DUE TO DAMAGE (LBS)			5. DISPOSITION OF DAMAGED COMMODITY				6. RECONDITIONING CHARGES			
							AMOUNT	B. BILLED TO		
7. GENERAL CONDITIONS										
A. LOAD PROPERLY BULKHEADED OR BRACED <input type="checkbox"/> YES <input type="checkbox"/> NO					B. LOAD SHIFTED OR JUMBLED <input type="checkbox"/> YES <input type="checkbox"/> NO					
8. IF PERISHABLE COMMODITY, SUPPLY FOLLOWING INFORMATION										
A. NO. OF HEATERS		B. NO. OF HEATERS BURNING		C. TEMP. ON ARRIVAL			9. A. CARRIER NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
				INSIDE CAR			OUTSIDE CAR			
10. PHYSICAL CONDITION OF CAR OR TRUCK. IF NOT GOOD DESCRIBE FULLY										
11. WEIGHTS SECURED <input type="checkbox"/> YES <input type="checkbox"/> NO					TYPE OF SCALE <input type="checkbox"/> COUNTER <input type="checkbox"/> PLATFORM <input type="checkbox"/> TRUCK <input type="checkbox"/> PORTABLE					
VERIFICATION OF DELIVERING CARRIER					CONSIGNEE					
NAME AND ADDRESS OF DELIVERING CARRIER					NAME AND ADDRESS OF CONSIGNEE					
SIGNATURE OF AGENT			DATE		SIGNATURE OF AGENT			DATE		
NOTE: Copy of carrier's O.S. and D. report definitely stating loss, damage, or shortage must accompany this report when carrier does not verify, or condition his verification of this report. O.S. and D. reports containing "Consignee Claims" statements are not acceptable.										
<input checked="" type="checkbox"/> SECTION II WAREHOUSE OR CONSIGNEE RECEIPT (Non-Negotiable)										
CAR INIT. & NO. OR TRUCK LICENSE			STORAGE BEGIN DATE C.C.C		DATE RECEIVED		PACK DATE (MONTH/YEAR)		TEMP. ON ARRIVAL	
REC'D IN GOOD CONDITION	NO. OF UNITS		GROSS WT.*		NET WT.*		WHSE CODE	LOT NO. ASSIGNED	RECEIVED FOR	
									<input type="checkbox"/> STORAGE <input type="checkbox"/> PROCESSING <input type="checkbox"/> OTHER	
This is to certify that we have accepted from Agricultural Stabilization and Conservation Service the commodity shown herein which will be handled in accordance with terms and conditions of contracts or tariff whichever is applicable.										
CONSIGNEE OR FACILITY NAME				AUTHORIZED SIGNATURE & TITLE				DATE		* NOTE-Explain all differences between billed and received weight.
<input checked="" type="checkbox"/> SECTION III DISTRIBUTING AGENCY CONSIGNEE RECEIPT										
CONSIGNEE I QUANTITY RECEIVED IN GOOD CONDITION			SEAL NUMBER		CONSIGNEE II QUANTITY RECEIVED IN GOOD CONDITION			***NOTE-All shortages or damage must be reported on Form FNS-57. Send original to ASCS Commodity Office attached to Consignee Receipt.		
QUANTITY OVER	QUANTITY SHORT**		QUANTITY DAMAGED**		QUANTITY OVER	QUANTITY SHORT**				QUANTITY DAMAGED**
SIGNATURE			DATE REC'D		SIGNATURE					DATE REC'D
CONSIGNEE NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO										

(RESERVED)

STACKING - EXAMPLE NO. 1

The arrangement of cases or bags within a stack influences the safety of handling palletized foods with power equipment and the stability of high piled foods. When foods are to be piled high, it is essential that the cases or bags be "tied in" or "locked." Examples of correct methods of stacking are shown in the following illustrations.



Completed Chimney-style
stacking of 50 pound bags:

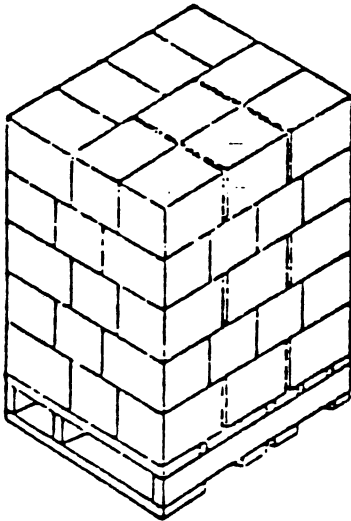
Bags per tier..... 4
Tiers..... 5
Bags per load 20
Weight per load..1,000 lbs.



Completed Lock-style Stacking
of 100 lb. bags

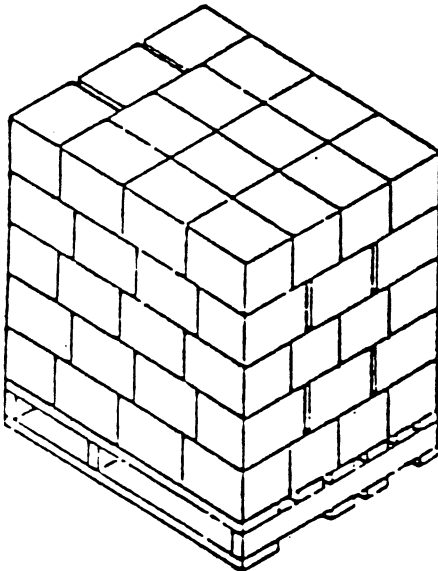
Bags per tier..... 3
Tiers..... 5
Bags per load.....15
Weight per load....1,500 lbs.

STACKING - EXAMPLE NO. 2



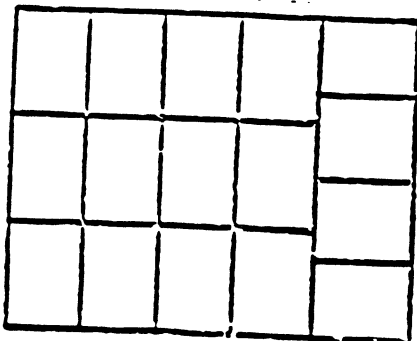
Can Size..... No. 300
Cans per case..... 24
Size per case..... 13" x 9 1/4" x 9"
Weight per case..... 26.75 lbs.

Pallet Size..... 32" x 40"
Cases per tier..... 10
Tiers..... 5
Cases per load..... 50
Weight per load 1,337.5 lbs.



Pallet Size..... 48" x 40"
Cases per tier..... 15
Tiers 5
Cases per load..... 75
Weight per load 2,006.25 lbs.

ALTERNATE LOAD PATTERN



Cases per tier..... 15
Tiers..... 5
Cases per load..... 80
Weight per load 2,140 lbs.

IDENTIFICATION CARD FOR USDA DONATED FOODS

Side 1

IDENTIFICATION CARD FOR
USDA DONATED FOODS

Case Number _____

Name _____

Spouse _____

Address _____

Case Worker _____

Reservation _____ Date _____

Recertification Date: _____

SPECIMEN

Side 2

Signature of Applicant

Signature of Spouse

Signature of Authorized Representative

SPECIMEN

