



Submission Studio

Form Name: FNS-292A (4-11) [\[Commodity List\]](#)
Form Description: Disaster Relief (Commodities Distribution)
Program: Report of Commodity Distribution for Disaster Relief
State: AZ
Agency Code: 0491701 **Agency Name:** ARIZONA DEPT. OF HEALTH
Program Time: October 2018
Submission Type: Final **Revision:** 0
Submission Status: New Submission

Save Edit Check Post Quit

Disaster Relief **Disaster Relief 2** Disaster Relief 3 Disaster Relief 4

4. Disaster Dates		Disaster Name						
<input type="text"/>		<input type="text"/>						
5. Total # of persons receiving commodity, by county								
		County/Parish/Judicial Area				Total # Persons		
[Delete]		<input type="text"/>				<input type="text"/>		
<input type="button" value="Insert Line [Alt-1]"/>								
Total # Persons		<input type="text"/>						
6. Type of Feeding								
<input type="text"/>								
7. TYPE OF DISASTER								
Presidential Declaration								
<input type="text"/>								
Primary Type of Disaster								
<input type="text"/>								
Secondary Types of Disaster								
<input type="checkbox"/> Flood		<input type="checkbox"/> Hurricane		<input type="checkbox"/> Other (Specify)				
<input type="checkbox"/> Tornado		<input type="checkbox"/> Earthquake						
8. Name of agency(s) issuing commodity to recipients								
<input type="checkbox"/> American Red Cross		<input type="checkbox"/> Salvation Army		<input type="checkbox"/> Other (Specify Below)				
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
9. Period of issuance to disaster relief recipients (MM/DD/YYYY)								
From:		<input type="text"/>		Through:		<input type="text"/>		
10. Commodities Distributed								
Commodity Code	Commodity Description		D.O. Number (Optional)	# of Cases	Case Weight	Case Value	Total Pounds	Total Value
[Delete]	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Insert Line [Alt-2]"/>								
Total		<input type="text"/>						
11. Remarks								
<div style="border: 1px solid #ccc; height: 100px;"></div>								