



**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

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	
<a href="#">[Delete]</a>		<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
<a href="#">[Delete]</a>	<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							
<input type="text"/>							