



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

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|--|-----------------------|---|----------------------|--|----------------------|----------------------|----------------------|
| 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 | | | | | | | |
| <input type="text"/> | | | | | | | |