

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

- NEW SHIP-TO CHANGE / UPDATE
 NEW HQ RECEIVER INACTIVATE

Public reporting burden for this collection of information is estimated to average 3 minutes 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. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support (0584-0293), Alexandria, VA 22302. Do not return the completed form to this address.

SECTION A: SHIP-TO

| | | | | | |
|--|--|--|----------|--|---------------------------------|
| 1. COMPANY NAME | 2. STREET ADDRESS (<i>Number, Name</i>) | 3. CITY | 4. STATE | 5. ZIP CODE | |
| 6. BUSINESS PARTNER ID (<i>Existing Business Partners</i>) | 7. CONTACT EMAIL (<i>optional</i>) PRIMARY: ALTERNATE: | 8. CONTACT NUMBERS (<i>delivery</i>) PRIMARY ALTERNATE | | 9. CARE OF/DBA NAME (<i>if applicable</i>) | |
| | | PHONE: | | | 10. SDA BP ID (<i>Map To</i>) |
| | | FAX: | | | |
| 11. <input type="checkbox"/> ADD TO HQ RECEIVER | | 12. <input type="checkbox"/> REMOVE RELATIONSHIP (<i>SDA use only</i>) | | | |
| 13. 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 LIMITATIONS | | | |

SECTION B: NEW HQ RECEIVER

| | | | | |
|--|--|-----------|-----------|--------------|
| 14. COMPANY NAME | 15. STREET ADDRESS (<i>Number, Name</i>) | 16. CITY | 17. STATE | 18. ZIP CODE |
| 19. <input type="checkbox"/> ADD HQ RECEIVER WBSCM USER (COMPLETE 20-22) | 20. NAME (<i>First, Last</i>) | 21. EMAIL | 22. PHONE | |

23. DELIVERY LOCATIONS (*if applicable*)

| BP ID (<i>List existing Ship-To that will be mapped to this HQ Receiver</i>) | NEW SHIP-TO |
|--|---|
| | Attach a list of new Ship-To to this form. (<i>Include Street Address, City, State, Zip Code</i>) |
| | |
| | |

SECTION C: TYPE OF WAREHOUSE (OPTIONAL SECTION 24-28)

| | | |
|---|---|--|
| 24A. TYPE OF WAREHOUSE <input type="checkbox"/> STATE OWNED AND OPERATED <input type="checkbox"/> COMMERCIAL | 25. TYPE OF PROCESSOR <input type="checkbox"/> SINGLE PROCESSOR <input type="checkbox"/> NATIONAL PROCESSOR <input type="checkbox"/> OTHER | 26. RELATIONSHIP TO NATIONAL WAREHOUSE <input type="checkbox"/> NATIONAL WAREHOUSE RECEIVING LOCATION |
| 24B. IF COMMERCIAL WAREHOUSE DELIVERY ACCEPTABLE BY <input type="checkbox"/> TRANSFER OF TITLE <input type="checkbox"/> LOCAL PICKUP | | |
| 27. TYPE(S) OF STORAGE PROVIDED <input type="checkbox"/> DRY <input type="checkbox"/> REFRIGERATED <input type="checkbox"/> FREEZER | 28. HANDLING OF PERISHABLE FOODS (<i>Check one</i>) <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.

| | |
|----------|--|
| 29. DATE | 30. SIGNATURE OF BUSINESS PARTNER REPRESENTATIVE |
|----------|--|

EMAIL a copy to WBSCM-Ship-To@fns.usda.gov

INSTRUCTIONS

It is important that a separate form be prepared for each destination when delivery conditions require changes in Section A: Ship-To.

In the "Type of Action" entry, check one box only indicating whether the form is to provide data for:

- (1) A NEW SHIP-TO destination: This can be a request for a delivery location to be created or a request for a delivery location to be linked/mapped to a State Distributing Agency (SDA)
- (2) A New HQ Receiver: HQ Receivers are a physical grouping of Ship-To organizations. One HQ can have oversight of multiple Ship-To organizations.
- (3) Notification of CHANGE/UPDATE in data for an existing Ship-To. This can be a physical change to the information or to request removal of a Ship-To to SDA relationship.
- (4) INACTIVATE of a Ship-To destination

Section A: Use to provide information for New Ship-To, Ship-To Change/Update or Ship-To Inactivation.

Section B: Use to provide information for a New HQ Receiver

Section C: Use to provide additional Ship-To information

ITEM

- 1 2,3,4, and 5 are Self-explanatory.
- 6 Provide the Business Partner ID (BP ID) for Ship-To Changes/Updates and Inactivation (*i.e.* 500XXXX)
- 7 Provide a contact email for the delivery location to be contacted for delivery questions/issues.
- 8 Provide a valid delivery contact phone number and/or fax to schedule deliveries. A contact phone number is required.
- 9 If the delivery location holds the business name of another entity and this location will receive shipments under a different name, add the name of the receiving organization and specify if it is a DBA or Care of.
- 10 If applicable, provide the SDA BP ID to have the Ship-To location mapped to the requested SDA (*i.e.* 400XXXX)
- 11 Check this box if the Ship-To must be added to an HQ Receiver (Processors only) found in Section B
- 12 Check this box if a Ship-To should be removed from an SDA.

- 13 Check one of the boxes to restrict transportation options.

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.

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., "Cannot handle care over maximum length of 53 feet."

Restrictions: 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.

- 14 15, 16, 17, and 18 are Self-explanatory.
- 19 Check this box to add a WBSCM User for the HQ Receiver.
- 20 21 and 22. Provide the user's information who will access WBSCM on behalf of the HQ Receiver.
- 23 List Ship-To that will be added to the HQ Receiver.
- 24 25, 26, 27 and 28 Self-explanatory.
- 29 and 30. Receiving organization or Distributing Agency's representative will complete these sections.