

**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
COMMODITY DISTRIBUTION PROGRAM  
ADDENDUM / UPDATE & CHANGE REPORT**

In accordance to CFR-7 (250.12) current agreements with the Arkansas Commodity Distribution Office are permanent. In order for the contract to remain valid and binding, the Commodity Distribution Office must receive an *Addendum* each school year with all current contact information.

**In order to receive commodity deliveries, this form must be received by the Commodity Office each school year.**

The Commodity Office requests that this information be submitted in typed format, using this electronic form, and fax to (501) 371-1410.

Note: If any of this information changes during the school year, this *Update & Change* must be re-submitted by completing only the affected fields.

**RECIPIENT AGENCY INFORMATION**

RA # \_\_\_\_\_ School/Agency \_\_\_\_\_

District/Agency Mailing Address \_\_\_\_\_

District/Agency Street Address \_\_\_\_\_

Superintendent/Agency Director Name/Title \_\_\_\_\_

Superintendent/Agency Director E-Mail Address \_\_\_\_\_

District/Agency Phone Number \_\_\_\_\_ District/Agency Fax Number \_\_\_\_\_

Food Service Director/Manager Name/Title \_\_\_\_\_

Food Service Director/Manager Phone Number \_\_\_\_\_

Food Service Director/Manager Fax Number \_\_\_\_\_

Food Service Director/Manager Emergency After-Hours Phone Number \_\_\_\_\_

Food Service Director/Manager Email Address \_\_\_\_\_

Alternate Commodity Contact Person Phone Number \_\_\_\_\_

Alternate Commodity Contact Person Emergency After-Hours Phone Number \_\_\_\_\_

**SUB-AGENT INFORMATION**

Complete Sub-Agent section **ONLY** if you receive commodity deliveries at your location. If you pick up commodity deliveries at another location, you **do not** need to fill out this section.

Sub-Agent Name \_\_\_\_\_ Sub-Agent (SA) Number \_\_\_\_\_

Sub-Agent Mailing Address \_\_\_\_\_

Sub-Agent Emergency Contact Name \_\_\_\_\_

Sub-Agent Emergency After-Hours Phone Number \_\_\_\_\_

Sub-Agent Dry Food Unload Address \_\_\_\_\_

Sub-Agent Cold/Freezer Unload Address \_\_\_\_\_



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**COMMODITY NON-DELIVERY DATES**

Districts & Agencies should input known dates that facility cannot accept commodities for the next school year by May 31 of the current year. Enter known non-available dates into the Arkansas Commodity Distribution System (ACDS) under *Report School Closings*.

***Deliveries will not be rescheduled if non-delivery dates are not input into ACDS by the 23<sup>rd</sup> of month prior to the month of delivery.***

**SIGNATURES**

By signing this form you are stating that you have supplied complete and accurate information pertaining to the District/Agency.

Furthermore, you are confirming that the District/Agency has input the school year known non-delivery dates for August through May into the Arkansas Commodity Distribution System (ACDS).

Name/Title of Person completing this form \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

District Superintendent/Agency Director \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_