

KENTUCKY DEPARTMENT OF AGRICULTURE  
Division of Food Distribution

Fresh Fruit and Vegetable Program through the Department of Defense (DOD)  
Survey for 2008-2009

Name of SFA:	County:
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Telephone Number:	Email Address:
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We wish to participate in the DOD Program. (Complete the information requested below and return to the Division of Food Distribution.)

I wish to set aside \$ \_\_\_\_\_ dollars of my 2008-2009 Entitlement dollars to be used in the DOD Program. (Cannot be greater than 16 %)

Using the entitlement amount indicated on ECOS, calculate the total dollar amount you wish to set aside by multiplying your entitlement dollars by the percentage requested and enter it in the block below. **A minimum of \$1000 must be set aside in order to participate in the DOD Program for FY09.**

Example: \$89,000 x .16% = \$14,240

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Please return this survey form by **February 15, 2009**.

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Name of Food Service Director

Date

**Please email this form to Kevin Peach**

**No Later Than February 15, 2008**

KENTUCKY DEPARTMENT OF AGRICULTURE  
Division of Food Distribution  
107 Corporate Drive  
Frankfort, KY 40601

DESIGNATED PERSONNEL FOR FOOD ALERT/EMERGENCY FEEDING (KY-FD-22)

**PLEASE EMAIL THIS FORM TO Kevin Peach at**  
[Kevin.Peach@ky.gov](mailto:Kevin.Peach@ky.gov)

Please advise the Food Distribution Office of the designated personnel in your Agency to be contacted in case of a Food Alert or declared Emergency. **Any changes in this information must be provided to the Food Distribution Office within ten (10) days of change.**

Name of R/A: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Primary Contact Person: \_\_\_\_\_ 2. Title: \_\_\_\_\_

3. Telephone No.: \_\_\_\_\_  
Office Home

4. Email Address: \_\_\_\_\_

5. Alternate Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_  
Office Home

Email Address: \_\_\_\_\_

**INSTRUCTIONS FOR DESIGNATED PERSONNEL FOR FOOD ALERT/EMERGENCY FEEDING**

Recipient Agency address: Self-explanatory

1. Primary Contact Person: Enter the name of the system/agency representative to be contacted first in case a Food Alert or declared Emergency occurs.
2. Title: Enter job title of designated person.
3. Telephone Numbers: Enter the telephone number where the designated person can be reached, during working hours and after normal business hours.
4. Email Address: Enter current email address of designated person.
5. Alternate: Enter the name of an alternate representative to be contacted if primary representative is unavailable, and provide information requested.

Personal information provided will be used for the described purpose only and will not be released by the Food Distribution Office.



INSTRUCTIONS FOR COMPLETING THE SUPPLEMENT TO THE AGREEMENT  
(KY-FD-12B)

***PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION***

1. **Name of SFA:** Enter name of School System.
2. **Food Service Director:** Enter Name of Food Service Director.
3. **Telephone # for FSD:** Enter the Telephone Number for the Food Service Director.
- A. **Name of Superintendent:** Enter name of Superintendent.
- B. **County:** Enter name of County.
- C. **Agency Type:** Check the one that best describes you agency.
- D. **Telephone No.:** Enter Area Code and Telephone Number.
- E. **Mailing Address:** Enter mailing address, City, State and Zip Code.
- F. **FAX No.:** Enter Area Code and FAX Number (if applicable).
- G. **E-Mail Address:** Enter e-mail address for the Food Service Director.
- H. **Food Preparation Site:** Enter the name Food preparation site.
- I. **Address:** Enter address of food preparation site.
- J. **Cafeteria/School Telephone Number:** Enter telephone number of the food preparation site.
- K. **Cafeteria Manager:** Enter name of cafeteria manager of the food preparation site.

If more space is required, attach additional pages.