

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Community Assistance and Development (DCAD)
Coordinated Hunger Relief Program

REQUEST TO TERMINATE USDA DISTRIBUTION SITE

INSTRUCTION:

Complete and submit this form and any supporting documentation to the Coordinated Hunger Relief Program Specialist. Distribution sites may not be terminated until written approval is received from CHRP.

Regional Food Bank: _____

Form Completed By: _____ Date: _____

Distribution Site Name: _____

For Program(s): CSFP TEFAP

Termination Effective Date: _____

Average number of people served each month per program: _____ CSFP _____ TEFAP

Termination reason/narrative:

Plan to notify program participants including timeline and method(s) of communication:

Plan to use or recover commodities *(write N/A if not applicable)*:

This institution is an equal opportunity provider.

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