

SUMMARY END PRODUCT DATA SCHEDULE

National Processing Summary

State or Master Processing Summary

THIS IS AN ORIGINAL SUMMARY SCHEDULE UNLESS CHECKED BELOW

- Reflects Change in Pricing (**Bold**)
- Reflects Change in Formulation (*Italic*)
- Additional Products Listed

Basis of Price (check)	
FOB Plant:	x
Delivered:	
Other:	

Product Description				Donated Food Value					
End Product Code & Description	Net Weight Per Case	Servings Per Case	Net Weight per Portion	Donated Food	DF Inventory Drawdown per case	Value of DF Per Pound	Value of DF per case (F x G)	Case Price Not Using DF (Optional) or Fee For Service per Case	Effective Date
A	B	C	D	E	F	G	H	I	J
State approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
By-products other than re-work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
State approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
By-products other than re-work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
State approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
By-products other than re-work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No							

Notes:

- 1) If by-products, other than re-work, are produced, refer to Articles 12 and 35 for further requirements. Meat & Poultry require AMS supervision according to their appropriate certification program. Exceptions to AMS certification must be signed by State DA and Processor and attached to the Agreement.
- 2) PRICING STRUCTURE CANNOT BE CHANGED DURING THE AGREEMENT PERIOD WITHOUT PRIOR APPROVAL OF STATE DA.

Certification Statement: By signing this schedule, the authorized representative of the company and USDA FNS FDD HQ certify that the above information, excluding pricing shown in Column I, accurately reflects information on approved end product data schedules.

PROCESSOR:

Name of Company	
Name and Title of Authorized Representative	
Signature	Date Signed

USDA APPROVAL:

Name of Approving Agency	
Name and Title of Authorized Representative	
Signature	Date Signed

STATE AGENCY APPROVAL:

State	
Name and Title of Authorized Representative	
Signature	Date Signed