



**Department of Defense (DoD)  
Fresh Fruit and Vegetable Program**

**Planned Assistance Level (PAL) Transfer Request Form**

For schools participating in the Ohio Department of Education and Workforce USDA Foods Program.

**SPONSOR INFORMATION**

Sponsor Name:	IRN:
Contact Name:	Title:
Email Address:	
District Address:	Phone:
City, State Zip Code	Fax:
Signature:	Date:

SCHOOL YEAR	AMOUNT TO TRANSFER	
	July - June	\$

**OHIO DEPARTMENT OF EDUCATION & WORKFORCE – OFFICE OF NUTRITION**

I certify that this transfer has been approved and completed.

Name:	Title:
Signature:	Date:

**Note:** The PAL transfer is complete once the sponsor receives email confirmation and this form is certified by the Ohio Department of Education and Workforce Office of Nutrition.