



BUREAU OF FOOD DISTRIBUTION

SELF CERTIFICATION: CIVIL RIGHTS TRAINING WEBINAR

I hereby certify that I have reviewed and understand the civil rights training webinar as required by United States Department of Agriculture regulations relative to my duties as staff for:

- | | |
|---|--|
| <input type="checkbox"/> a charitable institution (residential facilities, nursing homes, county/state correctional facilities) | <input type="checkbox"/> National School Lunch Program (NSLP) |
| <input type="checkbox"/> Child & Adult Care Feeding Program (CACFP) | <input type="checkbox"/> Summer Food Service Program (SFSP) |
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP) Lead Agency | <input type="checkbox"/> The Emergency Food Assistance Program (TEFAP) Lead Agency |
| <input type="checkbox"/> Commodity Supplemental Food Program (CSFP) Sub-Agency | <input type="checkbox"/> The Emergency Food Assistance Program (TEFAP) County Representative |
| <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> The Emergency Food Assistance Program (TEFAP) Pantry |
| | <input type="checkbox"/> The Emergency Food Assistance Program (TEFAP) Food Bank |

I TOOK THIS TRAINING ON: _____
Month/Date/Year

COUNTY: _____

NAME: _____
(Please Print)

AGENCY: _____

**PRINT & RETAIN A COPY OF THIS SELF-CERTIFICATION FOR PRESENTATION
WHEN REQUESTED DURING A FIELD STAFF MONITORING REVIEW**

THANK YOU!