



**CONFIRMATION OF OUR CSFP PARTER AGENCY’S
CIVIL RIGHTS TRAINING & REVIEW**

DATE:

FROM:

FBA-CSFP Partner Agency

TO:

Food Bank of Alaska

SUB:

Annual Civil Rights Training/Review

This is to confirm that I, _____, am either an employee or a volunteer of the FBA-CSFP Partner Agency listed above, and that I am authorized to administer the CSFP program to qualifying and eligible CSFP participants.

I understand that the CSFP program is a federal program administered by the United States Department of Agriculture (USDA) and that participation in CSFP is governed under the:

- Civil Rights Act of 1964
- The Food Nutrition Service Civil Right Instruction 113-1
- Departmental Regulations 7 CFR Parts 15, 15a, 15b, and 16
- Executive Order 13166

By my signature below, I affirm that I have received and reviewed a copy of “CSFP National Training Slides 2011” provided by Food Bank of Alaska.

Signature

Date

Printed Name

Employee Volunteer

Save a copy for your own files and please email signed original back to:

Food Bank of Alaska
Attn.: Program Manager
2121 Spar Avenue
Anchorage, Alaska 99501
smitchell@foodbankofalaska.org