



**FOOD BANK
of ALASKA**

**CONFIRMATION OF TEFAP PARTNER AGENCY
CIVIL RIGHTS TRAINING & REVIEW FY23**

Date: _____

Agency Name: _____
FBA-TEFAP 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-TEFAP Partner Agency listed above, and that I am authorized to administer the TEFAP program to qualifying and eligible TEFAP participants.

I understand that the TEFAP program is a federal program administered by the United States Department of Agriculture (USDA) and that participation in TEFAP 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 the Civil Rights Power Point presentation 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:
rguyer@foodbankofalaska.org