FOOD BANK of ALASKA

Confirmation of TEFAP Partner Agency Civil Rights Training & Review FY25

Date: _____

Agency Name: _____

This is to confirm that the names listed below are either an employee or a volunteer of the TEFAP Partner Agency listed above, or that they are authorized to administer the TEFAP program to qualifying and eligible TEFAP participants.

By my signature below, 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

I affirm that I have received and reviewed the civil rights training presentation provided by Food Bank of Alaska.

Printed Name	Signature	Date of Training	Employee	Volunteer

Save a copy for your own files and please email signed original back to: dcaldwell@foodbankofalaska.org