**Civil Rights Training-USDA**

**Food Bank of WNY**

Coordinators Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of training: \_\_\_\_\_\_\_\_\_\_\_

**Please print and sign your name below to attest to the fact that you attended and participated in the Civil Rights USDA Trainging.**

**Print Name Signature**

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