STATEMENT REGARDING ANNUAL CIVIL RIGHTS TRAINING for TEFAP and/or CSFP AGENCIES 2025

Agency Name:	BRAFB account number(s):
Name of Person Completing this Statement:	
Title of Person Completing this Statement:	
I am a leader of the agency listed above. I hereby affirm that all volunteers and/or staff presently participating in the distribution or handling of TEFAP/CSFP commodities at this agency receive annual Civil Rights Training, and documentation is on file at the agency. Training includes the following topics:	
	of race, color, ethnicity, national origin, age, sex, age spoken, immigration status or veteran status
 (b) Agencies must let people know about their righ Posting the Justice for All poster where it ca Including the Nondiscrimination Statement of Notifying community groups that the program Responding promptly to inquiries about the posterior Scheduling hours of operation that suit the order 	n be easily seen on all public written materials describing the pantry. In is available program
 (c) Agencies must accommodate language needs Finding out what languages are spoken in the Providing translated written materials if there than English Taking reasonable efforts to provide volunte 	ne community e are many people who speak a language other
(d) Agencies must accommodate persons with disalternates to pick up food or make other physical a	
 (e) Agencies must respond appropriately if a personal per	of the client

Signature of Person Completing this Statement: _____

Today's Date: _____