



Involving, educating, and uniting people  
in the work of ending hunger in Western North Carolina

A member of **FEEDING AMERICA**

**MANNA FoodBank – TEFAP Distributing Agencies  
Verification Form for Civil Rights Training**

**By filling out and signing this form, you are attesting to the following:**

- That you received the training materials, entitled **Civil Rights Training for TEFAP Agencies**
- That a Supervisor or responsible party has read and knows the material.
- That you have conducted a training session of at least **20 minutes** to deliver this information to all persons involved in your TEFAP distribution program. (32 slides total)

<b>Agency Name:</b>	<b>Training Date:</b>
<b>Agency Number:</b>	

**List all persons attending training session -**

Printed Name		Signature

<b>Signature of Person/Supervisor Delivering Training:</b>	<b>Date:</b>

<b>Signature of Executive Director Verifying Training:</b>	<b>Date:</b>

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