**Certification of Civil Rights Training Form: TEFAP & SFPP**

**FY 2020-2021**

**Distribution Site:**

**County:**

**Authorized Representative & Title:**

(Person responsible for site paperwork and for distributing TEFAP and/or SFPP, CSFP)

**I have received Chester County Food Bank’s USDA-mandated Civil Rights Training:**

**Training Date:**

**Agency Representative (signature):**

**CCFB Agency Relations Coordinator (Signature):**

State Food Purchase Program (SFPP)

The Emergency Food Assistance Program (TEFAP)

**Chester County Food Bank**

**650 Pennsylvania Drive**

**Exton , PA 19341**

**610-873-6000**