ROSTER OF PERSONNEL THAT COMPLETED CIVIL RIGHTS TRAINING

Name of CACFP Institution/SFSP Sponsor: _____

Mailing Address: _____

CACFP/SFSP Agreement No: _____

Telephone No.: _____

Date Training Completed: _____

Name – Please Print	Job Title

Please return to:

Tennessee Department of Human Services
CACFP/SFSP Unit
400 Deaderick Street
Nashville, Tennessee 37243-1403