**Civil Rights Training-USDA**

**Long Island Cares, Inc.**

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_  
Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Date(s) of training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Print Name Signature**

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