



## ATTESTATION FORM

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Please review the Compliance Training requirements for COVID-19 Hunger Relief:

By signing below, I am certifying I have reviewed the contents of the referenced materials below, and agree to abide by all regulatory laws and procedures as outlined in these documents.

- FDACS Food Safety Video
- FDACS Civil Rights Video
- Meal Tracking Record guidance provided by the FLIPANY office
- SFSP Training 2020 PowerPoint

I attest that I have received and reviewed with my staff and will communicate any/all suspected violations.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SITE/LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_