THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234



Office of P-12 Instructional Support
Child Nutrition Program Administration
89 Washington Avenue, Room 375 EBA, Albany, NY 12234
(518) 473-8781 | Fax (518) 473-0018
https://www.cn.nysed.gov
cntraining@nysed.gov

<u>Child Nutrition Program Training Request Form</u> Please provide at least four to six (4-6) weeks' advance notice to schedule a training

								Date:
Contact Information								
Organization: Contact Person:						_	Ph	one:
						Email:		
Address of Training Facil	ity:							
Training Information							<u>Trc</u>	iining Audience
Topic(s) Requested:				Proposed Do	ate:			Food Service Director
Training Format:				Alternate Do	ıte:			Food Service Staff
Resources Req'd:								Administration
Handouts Required? Y	Ν							Other:
If requesting Face-to-Fa of <u>15</u> anticipated partici		ing, con	nple	te the fields belo	ow.	All requests	mυ	st have a minimum
Anticipated No. of Participants:				Type of Facility:				
Anticipated Start Time:			Тур	e of Equipment	Avc	iilable:		
ls WiFi Available?	Υ	Ν		Computer/Laptop		Microphone		Power Cord
Handicapped Accessib	le? Y	Ν		Projector		Screen		Smart Board
Requested Master Instru	ctor:							

Comments:

Child Nutrition Program Training Request Form

Training Request Approval

For NYSED use only

Approved by:	 Date:
Staff Assigned:	
-	

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf(link is external), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

(2) **fax:** (833) 256-1665 or

(202) 690-7442; or

(3) email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

Click here for Nondiscrimination Statement translations.