

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
Office of Justice Programs

ACKNOWLEDGEMENT – Civil Rights Training

GRANTEE :	
Project Title:	
GRANT #:	

I acknowledge that I have viewed the Office of Justice Programs presentation on Civil Rights. I accept responsibility for insuring that project staff understands their responsibilities as outlined in the presentation. I understand that if I have any questions about the material presented and my responsibilities as a Grantee that I will contact my grant manager.

Signature	
Printed Name	
Date	

FAX TO:

**Minnesota Office of Justice Programs
651-284-3317**