|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title VI, Parts A/B and C: |  | Title VI, Parts A/B only: | |  |
| Tribal Organization: | Enter Name of Organization | | | |
| Address: | Enter Address | | | |
|  | | | |
| Part A/B Grant No. | **1416AZT6NS/NSIT** | Part C Grant No. | **N/A** | |
| Report Period: | **4/1/2015 – 3/31/2016** | | | |

**TITLE VI, PART A/B REPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A.** | **STAFFING INFORMATION:** | | | |
| **(*Enter the number of staff paid wholly or partly by Title VI, Part A funds)*** | | | |
| 1. Full-time staff: | | | Enter Units |
| 1. Part-time staff: | | | Enter Units |
| **B.** | **NUTRITION SERVICES:** | | | |
| **1.** | *Congregate Meals:* | | |
|  | 1. UNDUPLICATED NUMBER of eligible persons who received one or more congregate meal(s) | | Enter Units |
| 1. TOTAL NUMBER of congregate meals served | | Enter Units |
| **2.** | *Home Delivered Meals:* | | |
|  | 1. UNDUPLICATED NUMBER of eligible persons who received one or more home delivered meal(s) | | Enter Units |
| 1. TOTAL NUMBER of home delivered meals provided | | Enter Units |
| **3.** | *Other Nutrition Services:* | | |
|  | 1. Nutrition Education | | Enter Units |
| 1. Nutrition Counseling | | Enter Units |
| **C.** | **SUPPORTIVE SERVICES** | | | |
| **1.** | UNDUPLICATED NUMBER of eligible Indians who received one or more of the supportive services below | | Enter Units |
| **2.** | *TOTAL NUMBER OF UNITS OF SERVICE in the following categories:* | | |
| **ACCESS SERVICES:** | **TOTAL UNITS of SERVICE:** | |
| 1. Information/Referral | Enter Units | |
| 1. Outreach | Enter Units | |
| 1. Case Management | Enter Units | |
| 1. Transportation | Enter Units | |
| **LEGAL ASSISTANCE:** | Enter Units | |
| **IN-HOME SERVICES:** | Enter Units | |
|  |  | 1. Homemaker services | Enter Units | |
| 1. Personal Care/Home Health Aid Service | Enter Units | |
| 1. Chore Service | Enter Units | |
| 1. Visiting | Enter Units | |
| 1. Telephoning | Enter Units | |
| 1. Family Support | Enter Units | |
| **OMBUDSMAN SERVICES** | Enter Units | |
| **HEALTH PROMOTION AND WELLNESS** | Enter Units | |
| **ALL OTHERS (*Describe service provided in the space below*):** | Enter Units | |
|  |  | Enter service description here | | |

|  |  |
| --- | --- |
| **Report Certified By:** |  |
|  | *(Tribal Official)* |
| **Date Submitted:** | Enter Date |