|  |  |
| --- | --- |
| Title VI, Parts A/B and C:  |[ ]  Title VI, Parts A/B only:  |[x]
| 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 |