OMB No.: 0915-0285. Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN	OMB No.: 0915-0285. Expiration Date: 10/31/2013				
SERVICES Health Resources and Services	FOR HRSA USE ONLY				
Administration	Grant Number		Application Tracking Number		
FORM 2: STAFFING PROFILE					
YEAR 1 🛛 YEAR 2 🗆					
PERSONNEL BY CATEGORY		TOTAL FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a*b)	<u>Total Federal</u> <u>Support</u> <u>Requested</u>
ADMINISTRATION					
Executive Director/CEO					
Finance Director (Fiscal Officer)/CFO					
Chief Operating Officer/COO					
Chief Information Officer/CIO					
Administrative Support Staff					
MEDICAL STAFF					
Medical/Clinical Director					
Family Physicians					
General Practitioners					
Internists					
OB/GYNs					
Pediatricians					
Other Specialty Physicians					
Please Specify:					
Physician Assistants/Nurse Practitioners					
Certified Nurse Midwives					
Nurses (RNs, LVNs, LPNs)					
Pharmacist, Pharmacy Support, Technicians					
Other Medical Personnel					
Please Specify:					
Laboratory Personnel (Lab Technicians)					
X-Ray Personnel					
Clinical Support Staff (Medical Assistants, etc.)					
Volunteer Clinical Providers (Medical and Dental)			N/A	N/A	<u>N/A</u>
DENTAL STAFF					
Dentists					
Dental Hygienists					
Dental Assistants, Aides, Technicians					
BEHAVIORAL HEALTH STAFF					
Behavioral Health Specialists (BH Prov					
Alcohol and Substance Abuse Speciali	sts				
Psychiatrists					
Psychologists					
ENABLING STAFF					
Patient Education Specialists (Health Educators)					
Case Managers					
Outreach (Outreach Staff)					
Other Enabling Personnel Please Specify:					
OTHER PROFESSIONAL STAFF (discuss in narrative as					
appropriate)					
OTHER STAFF (discuss in narrative as appr					
SALARY TOTAL					
Dublia Burden Statement: An ageney may not conduct or				olloction of info	

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing

and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.