

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration INCREASED DEMAND FOR SERVICES: USE OF FUNDS	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number

Grantee Information

Grantee Name			
Grantee City		Grantee State	

Budget Information

Requested Amount (from SF424 box# 15A)		Maximum Eligible Amount	
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1. Need

How will you address the need for health services in the community and target population(s), including the needs of special populations (migrant and seasonal farm workers, people experiencing homelessness, and/or residents of public housing) and the uninsured? (Explain within 2000 characters)

2. Project Types

How do you plan to use IDS funds? (Check all that apply)

- Increase health center staffing (i.e., full-time equivalents)
- Extend hours of operations
- Expand existing services
- Other

If 'Other', please specify:

3. Description

How will you implement the IDS project(s) in a manner that is appropriate and responsive to the identified community and target population health care needs? Include a description of the types of services impacted as well as strategies/methods for expanding access to primary care services and increasing capacity. (Explain within 2000 characters)

4. Impact

How will the proposed IDS project(s) impact the needs for health services in the community and target population as well as the uninsured? (Explain within 2000 characters)

5. IDS Projections

a. Total New Patients (Unduplicated)	
b. Total New Uninsured Patients	
c. Total Retained Jobs	