	FOR HRSA USE ONLY					
DEPARTMENT OF HEALTH AND HUMAN SERVICES	Grantee Name					
Health Resources and Services Administration	Grant Number			Application Tracking #		
	Project #			Project Type		
PROJECT IMPACT	Project Title					
DIRECT IMPACT	I					
Space Type	Square Feet Increased Square I			are Feet Impro	oved	
Administrative Space						
Clinical Space						
Other Please Describe: (Maximum 150 characters)						
Total						
Projected FTEs						
Staff Type		FTEs C	FTEs Created		FTEs Retained	
1. Health Center Administrative and Facility FTEs						
a. Management and support staff				_		
b. Fiscal and billing staff						
c. IT staff d. Facility staff						
e. Patient support staff						
2. Construction-related FTEs						