

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>INCREASED DEMAND FOR SERVICES:</b>  <b>USE OF FUNDS</b>	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**

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