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

DEPARTMENT OF HEALTH AND HUMAN
SERVICES
Health Resources and Services
Administration

FOR HRSA USE ONLY					
Grant Number	Application Tracking Number				

FORM 2: STAFFING PROFILE

FORM 2: STAFFING PROFILE YEAR 1 YEAR 2				
PERSONNEL BY CATEGORY	TOTAL FTES (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a*b)	Total Federal Support Requested
ADMINISTRATION (0.50)				
Executive Director/CEO				
Finance Director (Fiscal Officer)/CFO				
Chief Operating Officer/COO				
Chief Information Officer/CIO				
Administrative Support Staff				
MEDICAL STAFF	1			
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 Provider)				
Alcohol and Substance Abuse Specialists				
Psychiatrists Psychologists 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
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 appropriate)				
SALARY TOTAL Public Burden Statement: An agency may not conduct or sponsor, and a per	reon is not required	to respond to a s	alloation of info	rmation unloca it

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 including suggestions for reducing this but	. Send comments regarding den, to HRSA Reports Clea	this burden estimate or any othe rance Officer, 5600 Fishers Lane	r aspect of this collection of information, , Room 10-33, Rockville, Maryland, 20857.