

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 2: STAFFING PROFILE YEAR 1 <input type="checkbox"/> — YEAR 2 <input type="checkbox"/>	FOR HRSA USE ONLY			
	Grant Number	Application Tracking Number		
Note: Allocate staff time by function among the positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time Clinical Director should be listed in each respective category, with the FTE percentage allocated to each position (e.g., Clinical Director 0.3 (30%) FTE and family physician 0.7 (70%) FTE). Do not exceed 1.0 FTE for any individual. Refer to the UDS manual for position descriptions.				
PERSONNEL BY Staffing Positions by Major Service Category	TOTAL Direct Hire FTEs (a)	AVERAGE ANNUAL SALARY OF POSITION (b) Contract/Agreements FTEs	TOTAL SALARY (a*b)	Total Federal Support Requested
Key Management Staff/Administration				
Project Director/Chief Financial Officer (CEO)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Finance Director/Chief Financial Officer (Fiscal Officer)/(CFO)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Chief Operating Officer (/COO)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Chief Information Officer (/CIO)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Clinical Director/Chief Medical Officer (CMO)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Administrative Support Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Facility and Non-Clinical Support Staff				
Fiscal and Billing Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No		
IT Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Facility Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Patient Support Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No		
MEDICAL STAFF Physicians				
Medical/Clinical Director		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Physicians		<input type="checkbox"/> Yes <input type="checkbox"/> No		
General Practitioners		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Internists		<input type="checkbox"/> Yes <input type="checkbox"/> No		
OB/Gynecologist/YNs		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pediatricians		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Specialty Physicians		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please Specify: (maximum 40 characters)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives				
Physician Assistants/Nurse Practitioners		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physician Assistants		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Certified Nurse Midwives		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical				
Nurses (RNs, LVNs, LPNs)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pharmacist, Pharmacy Support, Technicians		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Medical Personnel (e.g., Medical Assistants, Nurse Aides)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please Specify: _____				
Laboratory Personnel (Lab Technicians)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
X-Ray Personnel		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Clinical Support Staff (Medical Assistants, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Volunteer Clinical Providers (Medical and Dental)		<input type="checkbox"/> Yes <input type="checkbox"/> No N/A	N/A	N/A
Dental STAFF Services				
Dentists		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dental Hygienists		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dental Therapists		<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Other Dental Assistants, Aides, Technicians Personnel		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Behavioral Health (Mental Health and Substance Abuse) STAFF				
Behavioral Health Specialists (BH Provider)				
Alcohol and Substance Abuse Specialists				
Psychiatrists		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Licensed Clinical Psychologists		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Licensed Clinical Social Workers		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Licensed Mental Health Providers		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please Specify: (maximum 40 characters)				
Other Mental Health Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please Specify: (maximum 40 characters)				
Substance Abuse Providers		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Professional Services				
Other Professional Health Services Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please Specify: (maximum 40 characters)				
Vision Services				
Ophthalmologists		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Optometrists		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Vision Care Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please Specify: (maximum 40 characters)				
Pharmacy				
Pharmacy Personnel		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Enabling Services TAFF				
Patient Education Specialists (Health Educators)				
Case Managers		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Patient/Community Education Specialists		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Outreach (Outreach Staff) Workers		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transportation Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Eligibility Assistance Workers		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Interpretation Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Community Health Workers		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Enabling Personnel Services Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please Specify (maximum 40 characters):				
Other Programs and Services				
Quality Improvement Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER PROFESSIONAL STAFF (discuss in narrative as appropriate) Other Programs and Services Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please Specify: (maximum 40 characters)				
Total FTEs OTHER STAFF (discuss in narrative as appropriate)				
	Direct Hire FTEs	Contract/Agreements FTEs		
SALARY Totals	will auto-calculate in EHB	N/A		

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 14N-3910-33, Rockville, Maryland, 20857.