OMB No.: 0915-0285. Expiration Date: XX/XX/20XX



**Note:** The health center must directly employ its Project Director/CEO. 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 portion 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 most recent UDS manual (<https://bphc.hrsa.gov/datareporting/reporting>) for position descriptions.

**Key Management Staff/Administration**

| **Staffing Positions**  **by Major Service Category** | **Direct Hire FTEs** | **Contract/Agreement FTEs** |
| --- | --- | --- |
| Project Director/Chief Executive Officer (CEO) |  | [\_] Yes [\_] No |
| Finance Director/Chief Financial Officer (CFO) |  | [\_] Yes [\_] No |
| Chief Operating Officer (COO) |  | [\_] Yes [\_] No |
| Chief Information Officer (CIO) |  | [\_] Yes [\_] No |
| Clinical Director/Chief Medical Officer (CMO) |  | [\_] Yes [\_] No |
| Administrative Support Staff |  | [\_] Yes [\_] No |

**Facility and Non-Clinical Support Staff**

| **Staffing Positions**  **by Major Service Category** | **Direct Hire FTEs** | **Contract/ Agreement FTEs** |
| --- | --- | --- |
| Fiscal and Billing Staff |  | [\_] Yes [\_] No |
| IT Staff |  | [\_] Yes [\_] No |
| Facility Staff |  | [\_] Yes [\_] No |
| Patient Support Staff |  | [\_] Yes [\_] No |

**Physicians**

| **Staffing Positions**  **by Major Service Category** | **Direct Hire FTEs** | **Contract/ Agreement FTEs** |
| --- | --- | --- |
| Family Physicians |  | [\_] Yes [\_] No |
| General Practitioners |  | [\_] Yes [\_] No |
| Internists |  | [\_] Yes [\_] No |
| Obstetrician/Gynecologists |  | [\_] Yes [\_] No |
| Pediatricians |  | [\_] Yes [\_] No |
| Licensed Medical Residents |  | [\_] Yes [\_] No |

**Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives**

| **Staffing Positions**  **by Major Service Category** | **Direct Hire FTEs** | **Contract/ Agreement FTEs** |
| --- | --- | --- |
| Nurse Practitioners |  | [\_] Yes [\_] No |
| Physician Assistants |  | [\_] Yes [\_] No |
| Certified Nurse Midwives |  | [\_] Yes [\_] No |

**Medical**

| **Staffing Positions**  **by Major Service Category** | **Direct Hire FTEs** | **Contract/ Agreement FTEs** |
| --- | --- | --- |
| Nurses |  | [\_] Yes [\_] No |
| Other Medical Personnel  (e.g. Medical Assistants, Nurse Aides)  Please specify: (maximum 40 characters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | [\_] Yes [\_] No |
| Laboratory Personnel |  | [\_] Yes [\_] No |
| X-Ray Personnel |  | [\_] Yes [\_] No |

**Dental Services**

| **Staffing Positions**  **by Major Service Category** | **Direct Hire FTEs** | **Contract/ Agreement FTEs** |
| --- | --- | --- |
| Dentists |  | [\_] Yes [\_] No |
| Dental Hygienists |  | [\_] Yes [\_] No |
| Dental Therapists |  | [\_] Yes [\_] No |
| Other Dental Personnel  Please Specify: (maximum 40 characters) \_\_\_\_\_\_\_\_\_\_\_ |  | [\_] Yes [\_] No |

**Mental Health**

| **Staffing Positions**  **by Major Service Category** | **Direct Hire FTEs** | **Contract/ Agreement FTEs** |
| --- | --- | --- |
| Psychiatrists |  | [\_] Yes [\_] No |
| Physicians (other than psychiatrists) |  | [\_] Yes [\_] No |
| Nurse Practitioners |  | [\_] Yes [\_] No |
| Physician Assistants |  | [\_] Yes [\_] No |
| Certified Nurse Midwives |  | [\_] Yes [\_] No |
| Nurses- psychiatric, mental health |  | [\_] Yes [\_] No |
| Nurse Counselors |  | [\_] Yes [\_] No |
| Licensed Clinical Psychologists |  | [\_] Yes [\_] No |
| Licensed Clinical Social Workers |  | [\_] Yes [\_] No |
| Family Therapists |  |  |
| Unlicensed Mental Health Providers, including trainees and certified staff |  |  |
| Other Licensed Mental Health Providers  Please Specify: (maximum 40 characters) \_\_\_\_\_\_\_\_\_\_\_ |  | [\_] Yes [\_] No |
| Other Mental Health Staff  Please Specify: (maximum 40 characters) \_\_\_\_\_\_\_\_\_\_\_ |  | [\_] Yes [\_] No |
| **Substance Use Disorder** |  |  |
| Psychiatrists |  | [\_] Yes [\_] No |
| Physicians (other than psychiatrists) |  | [\_] Yes [\_] No |
| Nurse Practitioners |  | [\_] Yes [\_] No |
| Physician Assistants |  | [\_] Yes [\_] No |
| Certified Nurse Midwives |  | [\_] Yes [\_] No |
| Nurse Counselors |  | [\_] Yes [\_] No |
| Licensed Clinical Psychologists |  | [\_] Yes [\_] No |
| Licensed Clinical Social Workers |  | [\_] Yes [\_] No |
| Family Therapists |  | [\_] Yes [\_] No |
| Alcohol and Drug Abuse Counselors |  | [\_] Yes [\_] No |
| Other Licensed Mental Health Providers |  | [\_] Yes [\_] No |

**Professional Services**

| **Staffing Positions**  **by Major Service Category** | **Direct Hire FTEs** | **Contract/ Agreement FTEs** |
| --- | --- | --- |
| Other Professional Health Services Staff  Please Specify: (maximum 40 characters) \_\_\_\_\_\_\_\_\_\_\_ |  | [\_] Yes [\_] No |

**Vision Services**

| **Staffing Positions**  **by Major Service Category** | **Direct Hire FTEs** | **Contract/ Agreement FTEs** |
| --- | --- | --- |
| Ophthalmologists |  | [\_] Yes [\_] No |
| Optometrists |  | [\_] Yes [\_] No |
| Other Vision Care Staff  Please Specify: (maximum 40 characters) \_\_\_\_\_\_\_\_\_\_\_ |  | [\_] Yes [\_] No |

**Pharmacy Personnel**

| **Staffing Positions**  **by Major Service Category** | **Direct Hire FTEs** | **Contract/ Agreement FTEs** |
| --- | --- | --- |
| Pharmacy Personnel |  | [\_] Yes [\_] No |

**Enabling Services**

| **Staffing Positions**  **by Major Service Category** | **Direct Hire FTEs** | **Contract/ Agreement FTEs** |
| --- | --- | --- |
| Case Managers |  | [\_] Yes [\_] No |
| Patient/Community Education Specialists |  | [\_] Yes [\_] No |
| Patient Advocates |  | [\_] Yes [\_] No |
| Outreach Workers |  | [\_] Yes [\_] No |
| Transportation Staff |  | [\_] Yes [\_] No |
| Eligibility Assistance Workers |  | [\_] Yes [\_] No |
| Interpretation Staff |  | [\_] Yes [\_] No |
| Community Health Workers |  | [\_] Yes [\_] No |
| Other Enabling Services Staff  Please Specify: (maximum 40 characters) \_\_\_\_\_\_\_\_\_\_\_ |  | [\_] Yes [\_] No |

**Other Programs and Services**

| **Staffing Positions**  **by Major Service Category** | **Direct Hire FTEs** | **Contract/ Agreement FTEs** |
| --- | --- | --- |
| Quality Improvement Staff |  | [\_] Yes [\_] No |
| Information Technology Staff |  | [\_] Yes [\_] No |
| Patient Services Support |  | [\_] Yes [\_] No |
| Other Programs and Services Staff  Please Specify: (maximum 40 characters) \_\_\_\_\_\_\_\_\_\_\_ |  | [\_] Yes [\_] No |

**Total FTEs**

| **Totals** | **Direct Hire FTEs** | **Contract/ Agreement FTEs** |
| --- | --- | --- |
| Totals | will auto-calculate in EHB | **N/A** |

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/XXXX. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim)). 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 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork@hrsa.gov).