

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 2: STAFFING PROFILE	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
<p>Note: Allocate staff time by function among the staff positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time case manager and a part time outreach worker should be listed in each respective category, with the FTE percentage allocated to each position (e.g., case manager 30% FTE and outreach worker 70% FTE). Do not exceed 100% FTE for any individual. Refer to the 2014 UDS manual for position descriptions.</p> <p>In the Contract/Agreement FTEs column, indicate whether contracts are used for staffing specific provider types. If both direct hire staff and contracts are used, provide the number of Direct Hire FTEs only AND check Yes in the Contract/Agreement FTEs column. Contracted staff should be summarized in Attachment 7: Summary of Contracts and Agreements.</p>		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/ Agreement FTEs (Yes/No)
Facility and Non-Clinical Support Staff		
Fiscal and Billing Staff		<input type="checkbox"/> <input type="checkbox"/>
IT Staff		<input type="checkbox"/> <input type="checkbox"/>
Facility Staff		<input type="checkbox"/> <input type="checkbox"/>
Patient Support Staff		<input type="checkbox"/> <input type="checkbox"/>
Dental Services		
Dentists		<input type="checkbox"/> <input type="checkbox"/>
Dental Hygienists		<input type="checkbox"/> <input type="checkbox"/>
Dental Assistants, Aides, Technicians		<input type="checkbox"/> <input type="checkbox"/>
Professional Services		
Other Professional Health Services - Dental Therapists		<input type="checkbox"/> <input type="checkbox"/>
Enabling Services		
Case Managers		<input type="checkbox"/> <input type="checkbox"/>
Patient/Community Education Specialists		<input type="checkbox"/> <input type="checkbox"/>
Outreach Workers		<input type="checkbox"/> <input type="checkbox"/>
Transportation Staff		<input type="checkbox"/> <input type="checkbox"/>

Eligibility Assistance Workers		<input type="checkbox"/>	<input type="checkbox"/>
Interpretation Staff		<input type="checkbox"/>	<input type="checkbox"/>
Other Enabling Services Staff		<input type="checkbox"/>	<input type="checkbox"/>
Please Specify:			
Total FTEs			
Totals	<i>System Calculated</i>	N/A	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 10-33, Rockville, Maryland, 20857.