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.

|  | OMB No.: 0915-0285. Expiration Date: 1/30/2020 | |
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| **DEPARTMENT OF HEALTH AND HUMAN SERVICES**  **Health Resources and Services Administration**  Staffing Impact Form | **FOR HRSA USE ONLY** | |
| **Grant Number** | **Application Tracking Number** |
|  |  |
| *You must propose to use AIMS ongoing funding to expand and/or add new direct hire staff and/or contractors* *who will support the expansion of mental health services, and substance abuse services* *focusing on the treatment, prevention, and awareness of opioid abuse, from the list below.*  *Allocate direct hire staff and contractor full-time equivalents (FTEs) by position. An individual’s FTE should not be duplicated across positions. For example, a Licensed Clinical Social Worker serving as a part-time mental health provider and a part-time substance abuse provider should be recorded as Licensed Clinical Social Worker 0.3 FTE and Substance Abuse Provider 0.3 FTE. Do not exceed 1.0 FTE for any individual.*  *Applicants proposing to increase contractors should explain in the Budget Narrative attachment how the contracted FTE estimate was developed and include details regarding the contractual arrangement.*  *Include personnel on this form* *that will be supported with the total AIMS funding (federal and non-federal, if any) listed on the Federal Object Class Categories form. Refer to the* [*2016 UDS manual*](https://bphc.hrsa.gov/datareporting/reporting/2016udsreportingmanual.pdf) *for position descriptions as needed.* | | |
| |  |  |  | | --- | --- | --- | | **Position** | **New Direct Hire Staff FTEs Proposed** | **New Contractor FTEs Proposed** | | Psychiatrists |  |  | | Licensed Clinical Psychologists |  |  | | Licensed Clinical Social Workers |  |  | | Other Mental Health Staff |  |  | | * Please Specify: *[enter text here]* |  | | | Other Licensed Mental Health Providers |  |  | | * Please Specify: *[enter text here]* |  | | | Substance Abuse Providers |  |  | | Case Managers |  |  | | Patient/Community Education Specialists (Health Educators) |  |  | | Community Health Workers |  |  | | **TOTAL** | [Total calculated by EHB] | [Total calculated by EHB] | | | |