



E000194



DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION

GRANT APPLICATION
REGIONAL MEDICAL PROGRAM

| LEAVE BLANK - FOR HSMHA USE ONLY | | | | | |
|----------------------------------|--|--------------------------|---------------------|---------------|-------------------|
| Project Identification Number | | | | | |
| Administering Component | | Major Program Categories | | Serial Number | Year of Support |
| HSMHA Programs | | Type of Program | Type of Application | Reubmittal | Supplement Number |
| Administrative Codes | | | | Program Data | |

TO BE COMPLETED BY APPLICANT

1. TITLE OF PROJECT (OR PROGRAM) *(Limit to 53 spaces)*

2. NAME AND ADDRESS OF APPLICANT *(Street Number, Street Name, City, County, State or Country, ZIP Code)*

CONG. DISTRICT

3. EMPLOYER'S IDENTIFICATION NUMBER

4. DIRECTOR OF PROJECT *(Program or Center Director, Coordinator or Principal Investigator)*
NAME *(Last, First, Middle Initial)*

- Mr.
- Miss
- Mrs.

(Specify)

TITLE

DEGREE

SOCIAL SECURITY NUMBER

ADDRESS *(Street Number (or Box Number), Street Name, City, State (or Country), ZIP Code)*

5. PROJECT PERIOD (TRIENNium)

FROM *(Mo., Day, Yr.)*

THROUGH *(Mo., Day, Yr.)*

6. BUDGET PERIOD

FROM *(Mo., Day, Yr.)*

THROUGH *(Mo. Day, Yr.)*

7. AMOUNT REQUESTED FOR

a. BUDGET PERIOD \$

(Include Indirect Costs)

8. FINANCIAL MANAGEMENT OFFICIAL

NAME *(Last, First, Middle Initial)*

- Mr.
- Miss
- Mrs.

(Specify)

TITLE

ADDRESS *(Street Number (or Box Number), Street Name, City, State (or Country), ZIP Code)*

OFFICE TELEPHONE *(Area Code, Tel. No., Extension)*

OFFICE TELEPHONE *(Area Code, Tel. No., Extension)*

PROJECT IDENTIFICATION NO.

ASSURANCES AND CERTIFICATIONS BY APPLICANT

The following assurances and certifications are part of the project grant application and must be signed by an official duly authorized to commit and assure that the applicant will comply with the provisions of the applicable laws, regulations, and policies relating to the project.

The applicant hereby assures and certifies that he has read and will comply with the following:

Title VI—Civil Rights Act of 1964 (PL 88-352) and Part 80 of Title 45, Code of Federal Regulations, so that no person will be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination on the grounds of race, color, or national origin.

Patents and inventions (Current PHS Policy Statement) under which all inventions made in the course of or under any grant shall be promptly and fully reported to HEW.

Specific assurances, policies, guidelines, regulations and requirements in effect at the time the grant award is made and applicable to this project (including the making of reports as required and the maintenance of necessary records and accounts, which will be made available to the Department of HEW for audit purposes) which are contained and listed in the grant application package and made a part hereof.

SIGNATURES - Use Ink. *Autographic signature of Official authorized to sign for applicant and Project Director or other person(s) authorized to sign in their behalf.*

APPLICANT NO. 1 (Name only)

| | | |
|---|---|----------------------|
| DIRECTOR OF PROJECT | (Signature only) | DATE (Mo., Day, Yr.) |
| OFFICIAL AUTHORIZED TO SIGN FOR APPLICANT | SIGNATURE | DATE (Mo., Day, Yr.) |
| | NAME (First, middle initial, last) AND TITLE | DEGREE |
| | <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> _____ (Specify) | |
| COMPLETE FOR RMPS ONLY | SIGNATURE OF CHAIRMAN OF ADVISORY GROUP | DATE (Mo., Day, Yr.) |

**ORGANIZATION AND PERFORMANCE
SITE DATA**

PROJECT IDENTIFICATION NUMBER

1. APPLICANT (Name only)
ORGANIZATIONAL LEVEL - 1

REGION _____

| RMP NO. (1-2) | DATE | | PAGE (7-8) |
|---------------------|--------------|--------------|---------------|
| | MO. (3-4) | YR. (5-6) | |
| | | | 03 |

- CORE
 DEVELOPMENT COMPONENT
 OPERATIONAL ACTIVITY NO. _____ (9-12)

ORGANIZATIONAL LEVEL - 2

ORGANIZATIONAL LEVEL - 3

7. ARE FEDERAL FACILITIES TO BE USED FOR THIS PROJECT?
(13) _____ (14-16) % of time
 1 NO 2 YES

ORGANIZATIONAL LEVEL - 4

8. ORGANIZATION DESCRIPTORS

A. TYPE

- (1) PUBLIC (2) PUBLIC SPONSORED
 (17) Federal (22) County (26) Community Action
 (18) State (23) City (27) Sponsored Organization
 (19) Interstate (24) School District (28) Other (specify) _____
 (20) Metropolitan (25) Special Unit
 (21) Other (specify) _____

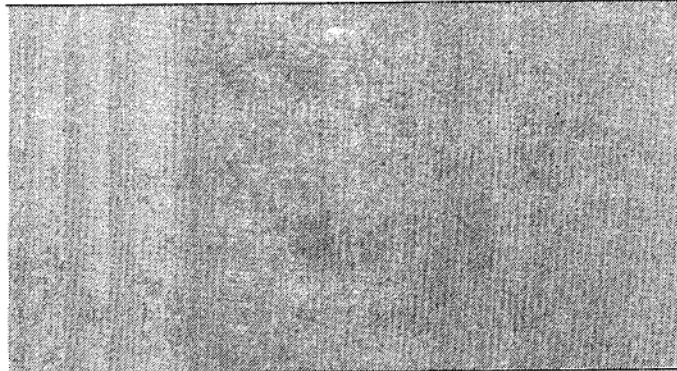
(3) PRIVATE NONPROFIT

Indicate the type of proof of NON-PROFIT STATUS furnished:

- (a) IRS Cumulative List Reference Submitted*
 (b) IRS Tax Exemption Certificate (29)
 (c) State Certificate Statement (30)
 (d) Certificate of Incorporation (31)
 (e) Statement of Affiliation with Parent Organization (32)

*Indicate the Place and Date filed: _____

ORGANIZATIONAL LEVEL - 5



B. FUNCTION

- (37) Educational (39) Planning (41) Hospital
 (38) Other (specify) _____ (40) Service

4. MODEL CITY INVOLVEMENT
_____ % (33-35)

5. INVENTIONS (Complete for continuation applications only)
(36)

- A. NO
 B. YES - NOT PREVIOUSLY REPORTED
 C. YES - PREVIOUSLY REPORTED

6. HUMAN SUBJECTS AT RISK (42) Yes No (see instructions)

CERTIFICATION Yes - Approved (Date) _____
 Yes - Pending Review (Date) _____

SPECIAL ASSURANCE (certification attached?)

9. GEOGRAPHIC SCOPE

- (43) National (45) Statewide (47) Local
 (44) Regional (46) Areawide (48) Other (specify) _____

10. PERFORMANCE SITE(S): The places where the project will be concluded;
(49)

- A. AT APPLICANT ADDRESS ONLY
 B. AT APPLICANT ADDRESS AND OTHER SITES
 C. AT OTHER SITES ONLY IF "B" OR "C", IDENTIFY OTHER SITES BELOW.

SITE NO. _____ (Name)

ADDRESS (Street Number, Street Name, City, County, State or Country)

CONG. DISTRICT

SITE NO. _____ (Name)

ADDRESS (Street Number, Street Name, City, County, State or Country)

CONG. DISTRICT

SITE NO. _____ (Name)

ADDRESS (Street Number, Street Name, City, County, State or Country)

CONG. DISTRICT

SITE NO. _____ (Name)

ADDRESS (Street Number, Street Name, City, County, State or Country)

CONG. DISTRICT

ORGANIZATION AND PERFORMANCE SITE DATA—Continued

PROJECT IDENTIFICATION NO.

PERFORMANCE SITE(S)—The places where work will be performed

| | |
|--|--|
| SITE NO. _____ (name) | SITE NO. _____ (name) |
| ADDRESS (Street Number, Street Name, City, County, State or Country) | ADDRESS (Street Number, Street Name, City, County, State or Country) |
| CONG. DISTRICT | CONG. DISTRICT |
| SITE NO. _____ (name) | SITE NO. _____ (name) |
| ADDRESS (Street Number, Street Name, City, County, State or Country) | ADDRESS (Street Number, Street Name, City, County, State or Country) |
| CONG. DISTRICT | CONG. DISTRICT |
| SITE NO. _____ (name) | SITE NO. _____ (name) |
| ADDRESS (Street Number, Street Name, City, County, State or Country) | ADDRESS (Street Number, Street Name, City, County, State or Country) |
| CONG. DISTRICT | CONG. DISTRICT |
| SITE NO. _____ (name) | SITE NO. _____ (name) |
| ADDRESS (Street Number, Street Name, City, County, State or Country) | ADDRESS (Street Number, Street Name, City, County, State or Country) |
| CONG. DISTRICT | CONG. DISTRICT |
| SITE NO. _____ (name) | SITE NO. _____ (name) |
| ADDRESS (Street Number, Street Name, City, County, State or Country) | ADDRESS (Street Number, Street Name, City, County, State or Country) |
| CONG. DISTRICT | CONG. DISTRICT |
| SITE NO. _____ (name) | SITE NO. _____ (name) |
| ADDRESS (Street Number, Street Name, City, County, State or Country) | ADDRESS (Street Number, Street Name, City, County, State or Country) |
| CONG. DISTRICT | CONG. DISTRICT |

RAG BOARDS/COMMITTEES AND RMP LOCAL ADVISORY GROUPS

RMP

| | | | |
|---------------------|--------------------------------|--|---------------|
| RMP NO. (1-2) | DATE MO. YR. (3-4) (4-5) | | PAGE (7-8) |
| | | | 05 |

| NAME OF COMMITTEE OR GROUP | TYPE (Check one) | | NO. MEMBERS | | NO MTGS. LAST YEAR | FUNCTIONS AND RESPONSIBILITIES |
|----------------------------|---|------------|-------------|----------|--------------------|--------------------------------|
| | Stand- ing | AD- HOC | TOTAL | MINORITY | | |
| (9-11) [][][] | (12) <input type="checkbox"/> 1 <input type="checkbox"/> 2 | (13-15) | (16-18) | (19-21) | | |
| (9-11) [][][] | (12) <input type="checkbox"/> 1 <input type="checkbox"/> 2 | (13-15) | (16-18) | (19-21) | | |
| (9-11) [][][] | (12) <input type="checkbox"/> 1 <input type="checkbox"/> 2 | (13-15) | (16-18) | (19-21) | | |
| (9-11) [][][] | (12) <input type="checkbox"/> 1 <input type="checkbox"/> 2 | (13-15) | (16-18) | (19-21) | | |
| (9-11) [][][] | (12) <input type="checkbox"/> 1 <input type="checkbox"/> 2 | (13-15) | (16-18) | (19-21) | | |
| (9-11) [][][] | (12) <input type="checkbox"/> 1 <input type="checkbox"/> 2 | (13-15) | (16-18) | (19-21) | | |
| (9-11) [][][] | (12) <input type="checkbox"/> 1 <input type="checkbox"/> 2 | (13-15) | (16-18) | (19-21) | | |

CORE PERSONNEL

RMP

RMP NO.
(1-2)

DATE
MO YR
(3-4) (5-6)

PAGE
(7-8)

06

| IDENT. NO. (9-11) | RMP JOB OR POSITION TITLE* (12-31) | NAME AND DEGREE | DISCIPLINE PROFESSIONAL OR OTHER SPECIALTY | INSTITUTIONAL AFFILIATION** | % TIME OR EFFORT (32-34) | RMP SALARY *** (35-39) |
|-------------------------|--|-----------------|--|--------------------------------|-----------------------------------|------------------------------|
| | | | | | | |

*If position not filled write vacancy.

**Show particular school where appropriate.

***If fringe benefits are not included, show total fringe benefits on separate line.

EQUAL EMPLOYMENT OPPORTUNITY

RMP

| | | | |
|------------------|-------------------|--------------|---------------|
| RMP NO. (1-2) | DATE MO. (3-4) | YR. (5-6) | PAGE (7-8) |
| | | | 07 |

| | CORE STAFF * | | | | PROJECT STAFF | | | | PLANNING AND ADVISORY GROUPS AND COMMITTEES | | | |
|--|--------------------------------|---------|--------------------------|---------|--------------------------------|---------|--------------------------|---------|---|---------|-----------|---------|
| | Professional and Technical (9) | | Secretarial Clerical (9) | | Professional and Technical (9) | | Secretarial Clerical (9) | | Regional Advisory Group (9) | | Other (9) | |
| | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | |
| | No. | FTE ** | No. | FTE ** | No. | FTE ** | No. | FTE ** | No. | FTE ** | No. | FTE ** |
| TOTAL STAFF OR ADVISORY GROUP MEMBERS | | | | | | | | | | | | |
| MALE | (10-14) | (15-19) | (10-14) | (15-19) | (10-14) | (15-19) | (10-14) | (15-19) | (10-14) | (15-19) | (10-14) | (15-19) |
| FEMALE | (20-24) | (25-29) | (20-24) | (25-29) | (20-24) | (25-29) | (20-24) | (25-29) | (20-24) | (25-29) | (20-24) | (25-29) |
| TOTAL MINORITY GROUP STAFF OR ADVISORY GROUP MEMBERS | | | | | | | | | | | | |
| BLACKS *** | (30-34) | (35-39) | (30-34) | (35-39) | (30-34) | (35-39) | (30-34) | (35-39) | (30-34) | (35-39) | (30-34) | (35-39) |
| AMERICAN INDIANS *** | (40-44) | (45-49) | (40-44) | (45-49) | (40-44) | (45-49) | (40-44) | (45-49) | (40-44) | (45-49) | (40-44) | (45-49) |
| SPANISH SURNAMES *** | (50-54) | (55-59) | (50-54) | (55-59) | (50-54) | (55-59) | (50-54) | (55-59) | (50-54) | (55-59) | (50-54) | (55-59) |
| ORIENTAL *** | (60-64) | (65-69) | (60-64) | (65-69) | (60-64) | (65-69) | (60-64) | (65-69) | (60-64) | (65-69) | (60-64) | (65-69) |
| OTHER MINORITY GROUPS (Specify) | (70-74) | (75-79) | (70-74) | (75-79) | (70-74) | (75-79) | (70-74) | (75-79) | (70-74) | (75-79) | (70-74) | (75-79) |

*The total of "Professional and Technical" and "Secretarial and Clerical" personnel should equal the number of positions shown on Page 6 "RMP Job or Position Title" column less any vacancies.
 **Give best estimate of full time equivalent (FTE).
 ***Give best estimate where records are not maintained.

DISCRETE ACTIVITY SUMMARY

| | | | | |
|-----|---------------|--------------------------|--|------------|
| RMP | RMP NO. (1-2) | DATE MO. (3-4) YR. (5-6) | | PAGE (7-8) |
| | | | | 15 |

| | | | |
|----------|-------------------------|---------------------------------|--------------|
| 1. TITLE | 2. IDENT. NUMBER (9-12) | 3. DATE OF INITIAL RMPS SUPPORT | |
| | | MONTH (13-14) | YEAR (15-16) |

| | | | |
|---------------------------------------|-----------------------------------|--|--------------|
| 4. SPONSOR (Institution/Organization) | 5. GEOGRAPHIC AREA SERVED (17-18) | 6. EST. TERMINATION DATE OF RMPS SUPPORT | |
| | | MO. (19-20) | YEAR (21-22) |

| | |
|--|----------------------------|
| 7. DIRECTOR | 9. TARGET GROUP(S) (25-28) |
| 8. PRIMARY ACTIVITY AND DISEASE EMPHASIS (23-24) | |

A. CONSUMERS AND/OR PATIENTS

B. PROVIDERS (29-30)

10. SIGNIFICANT RELATIONSHIPS WITH OTHER FEDERAL PROGRAMS (Check all applicable)
- | | | | |
|--|---------------------------------------|---|---|
| (31) A <input type="checkbox"/> OEO | (34) D <input type="checkbox"/> CHP-A | (38) H <input type="checkbox"/> MOD. CITIES | (42) L <input type="checkbox"/> NIH-INSTITUTES |
| (32) B <input type="checkbox"/> EXP. HEALTH PLAN. & DELIV. | (35) E <input type="checkbox"/> CHP-B | (39) I <input type="checkbox"/> HMO | (43) M <input type="checkbox"/> HEALTH MANPOWER |
| (33) C <input type="checkbox"/> HEALTH RESEARCH | (36) F <input type="checkbox"/> CHP-C | (40) J <input type="checkbox"/> FDA | (44) N <input type="checkbox"/> OTHER (Specify) |
| | (37) G <input type="checkbox"/> CHP-E | (41) K <input type="checkbox"/> APPALACHIA | |

| | | | | | | | | | |
|--------------|----------------------|-------------------------|----------------------|-------------------------|--------------|--------|--|--|--|
| 11. PROPOSAL | PERIOD | | | | 12. PROGRESS | PERIOD | | | |
| | FROM (45-48) MO. YR. | THROUGH (49-52) MO. YR. | FROM (53-56) MO. YR. | THROUGH (57-60) MO. YR. | | | | | |

\$ _____

A. WHAT ARE THE GENERAL OBJECTIVES?
 B. WHAT SPECIFIC ACTIVITIES WILL BE UNDERTAKEN DURING THE ABOVE PERIOD?
 C. WHAT RESOURCES WILL BE EMPLOYED?
 D. WHAT SPECIFIC OUTPUTS ARE PLANNED FOR THE ABOVE PERIOD?

A. WHAT SPECIFIC ACTIVITIES WERE UNDERTAKEN?
 B. WHAT WERE THE RESULTANT OUTPUTS?
 C. WHAT SIGNIFICANT BENEFITS OR FINDINGS HAVE OCCURRED TO DATE?
 D. WHAT PROBLEMS, IF ANY WERE ENCOUNTERED?
 E. IF RMP SUPPORT HAS BEEN OR WILL BE TERMINATED, EXPLAIN (1) WHY? (2) WHETHER THE ACTIVITIES WILL BE CONTINUED WITH OTHER SUPPORT AND, IF SO, (3) THE LEVEL OF SUPPORT.

| RMP NO. (1-2) | COMPONENT IDENT. (3-6) | F.Y. (7-8) | ACTION DATE | |
|------------------|---------------------------|---------------|---------------|----------------|
| | | | mo. (9-10) | yr. (11-12) |
| | | | | |

| (13) ACTION CODES | |
|--------------------------------------|--|
| <input type="checkbox"/> REQUEST | FOR DRMP USE ONLY |
| <input type="checkbox"/> EXPENDITURE | <input type="checkbox"/> AMENDED AWARD |
| <input type="checkbox"/> REBUDGET | <input type="checkbox"/> AWARD |

| (14) SUPPORT CODES (When used) | | | |
|---|---|--|--|
| <input type="checkbox"/> New, not previously approved | <input type="checkbox"/> Approved, not previously initiated | | |
| <input type="checkbox"/> Continuation beyond approved period of support | <input type="checkbox"/> Continuation within approved period of support | | |
| <input type="checkbox"/> Termination | | | |

| SUPP YR (18-19) |
|--------------------|
| |

FINANCIAL DATA RECORD

| | |
|-----------------|------------------------------------|
| CARD 17 1 | SPONSOR (INSTITUTION/ORGANIZATION) |
| | (18-67) |

REGION NAME:

RMP _____

| | | |
|-----------------|--|----------------------------|
| CARD 17 2 | COMPONENT TITLE (Use only significant words) | COMP SUPP. YEAR (68-69) |
| | (18-67) | |

| | | | | | | | | | | | | | |
|-----------------|--|---------------|---------|---------|---------|------------------|---------|---------|---------|-------------------|---------|---------|---------|
| CARD 17 3 | COORDINATOR/PROJECT DIRECTOR (Last Name, First Name, Initial) | BUDGET PERIOD | | | | TERMINATION DATE | | | | FOR DRMP USE ONLY | | | |
| | | FROM | | THRU | | ESTIMATED | | ACTUAL | | CASE CODE | ST. | CNTY | CITY |
| | | mo. | yr. | mo. | yr. | mo. | yr. | mo. | yr. | | | | |
| | (18-47) | (48-49) | (50-51) | (52-53) | (54-55) | (56-57) | (58-59) | (60-61) | (62-63) | (64-70) | (71-72) | (73-75) | (76-79) |

| | | | | | | | | |
|-----------------|-------------------------|------------------------------|----------------------|-----------------------|---------------------|--------------------|----------------|-------------------------------------|
| CARD 17 4 | PERSONAL SERVICES | | PATIENT CARE | | EQUIPMENT | | CONSTRUCTION | |
| | SALARY/WAGES (18-24) | EMPLOYEE BENEFITS (25-31) | INPATIENT (32-38) | OUTPATIENT (39-45) | BUILT-IN (46-52) | MOVABLE (53-59) | NEW (60-66) | MAJOR ALT. & RENOVATIONS (67-73) |

| | | | | | | | | | |
|-----------------|-----------------------------|---------------------|---------------------|--------------------|------------------|------------------|-------------------------------------|------------------------------|---------------------------------|
| CARD 17 5 | CONSULTANT COSTS (18-24) | SUPPLIES (25-31) | TRAVEL | | RENT | | MINOR ALT. & RENOVATIONS (60-66) | PUBLICATION COSTS (67-73) | CONTRACTUAL SERVICES (74-80) |
| | | | DOMESTIC (32-38) | FOREIGN (39-45) | SPACE (46-52) | OTHER (53-59) | | | |

| | | | | | | | | | |
|-----------------|--------------------------------|---------------------------------------|------------------|---------------------|------------------|---------------------------|----------------------|---------------------|------------------|
| CARD 17 6 | COMMUNICATION COSTS (18-24) | COMPUTER & DATA PROCESSING (25-31) | OTHER (32-38) | TRAINEE COSTS | | DIRECT ASSISTANCE | | | |
| | | | | STIPENDS (39-45) | OTHER (46-52) | PERSONAL SERV. (53-59) | EQUIPMENT (60-66) | SUPPLIES (67-73) | OTHER (74-80) |

| | | | | | | | | | | | | |
|-----------------|--|---|-----------------------------------|-------------------|-----------------|--------------|-------------------|-----------------|----------------------------------|-------------------------------------|--------------|-------------------------------------|
| CARD 17 7 | DIR. COSTS AUTH. (EXPENDITURE REPORTS ONLY) (18-24) | DRMP DIRECT COSTS THIS BUDGET PERIOD (25-31) | INDIRECT COSTS THIS BUDGET PERIOD | | | | | | DRMP SUPPORT (DIRECT COSTS ONLY) | | | |
| | | | TOTAL (32-38) | % RATE (39-43) | BASE (44-50) | CODE (51) | % RATE (52-56) | BASE (57-63) | CODE (64) | ADDITIONAL BUDGET PERIOD (65-71) | CODE (72) | ADDITIONAL BUDGET PERIOD (73-79) |

| | | | | | | | | |
|-----------------|----------------------|------------------|------------------------|------------------------|--------------------------------|------------------------------------|--|--|
| CARD 17 8 | GRANT RELATED INCOME | | STATE FUNDS (32-38) | LOCAL FUNDS (39-45) | OTHER FEDERAL FUNDS (46-52) | OTHER NON-FEDERAL FUNDS (53-59) | TOTAL DIRECT ASSISTANCE (Not Direct Cost) (60-66) | TOTAL FUNDS THIS PERIOD (All Sources) (67-73) |
| | INTEREST (18-24) | OTHER (25-31) | | | | | | |

INDIRECT COST CODES FOR CARD 7 (81 AND 64)

1. Salary and wages only.
2. Total Allowable Direct Costs.