

# STAFFING PLAN

NAME: \_\_\_\_\_ AFFILIATE # \_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Administrative Location) City State Zip

\_\_\_\_\_  
(Station Location (if applicable))

The following is a description on how the applicant will provide staffing for the service:

If the applicant will operate at more than one location, it must provide a separate staffing plan for each. Use additional sheets if necessary.

Date Completed: \_\_\_\_\_

March 19, 2001