

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration BUSINESS PLAN	FOR HRSA USE ONLY	
	Grantee Name	Application Tracking Number
	Budget Period Date	

Focus Area: Costs

Performance Measure: Total cost per patient			
Is this Performance Measure Applicable to your Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Target Goal Description			
Numerator Description	Total accrued cost before donations and after allocation of overhead		
Denominator Description	Total number of patients		
Baseline Data	Baseline Year:	Projected Data (by	
	Measure Type:	End of Project Period)	
	Numerator:		
	Denominator:		
Data Source & Methodology			
Progress Toward Goal	Quantitative:		
	Qualitative:		
Comments			

Focus Area: Costs

Performance Measure: Medical Cost per Medical Visit			
Is this Performance Measure Applicable to your Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Target Goal Description			
Numerator Description	Total accrued medical staff and medical other cost after allocation of overhead (excludes lab and x-ray cost)		
Denominator Description	Non-nursing medical visits (excludes nursing (RN) and psychiatrist visits)		
Baseline Data	Baseline Year:	Projected Data (by	
	Measure Type:	End of Project Period)	
	Numerator:		
	Denominator:		
Data Source & Methodology			
Progress Toward Goal	Quantitative:		
	Qualitative:		
Comments			

Focus Area: Financial Viability

Performance Measure Description: Change in Net Assets to Expense Ratio			
Is this Performance Measure Applicable to your Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Target Goal Description			
Numerator Description	Ending Net Assets - Beginning Net Assets		
Denominator Description	Total Expense		
Baseline Data	Baseline Year:	Projected Data (by	
	Measure Type:	End of Project Period)	
	Numerator:		
	Denominator:		
Data Source & Methodology			
Progress Toward Goal	Quantitative:		
	Qualitative:		

Comments	
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Focus Area: Financial Viability

Performance Measure: Working Capital to Monthly Expense Ratio			
Is this Performance Measure Applicable to your Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Target Goal Description			
Numerator Description	Current Assets - Current Liabilities		
Denominator Description	Total Expense / Number of Months in Audit		
Baseline Data	Baseline Year:	Projected Data (by End of Project Period)	
	Measure Type:		
	Numerator:		
	Denominator:		
Data Source & Methodology			
Progress Toward Goal	Quantitative:		
	Qualitative:		
Comments			

Focus Area: Financial Viability

Performance Measure: Long Term Debt to Equity Ratio			
Is this Performance Measure Applicable to your Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Target Goal Description			
Numerator Description	Long Term Liabilities		
Denominator Description	Net Assets		
Baseline Data	Baseline Year:	Projected Data (by End of Project Period)	
	Measure Type:		
	Numerator:		
	Denominator:		
Data Source & Methodology			
Progress Toward Goal	Quantitative:		
	Qualitative:		
Comments			

Focus Area: Other

Performance Measure:			
Is this Performance Measure Applicable to your Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Target Goal Description			
Numerator Description			
Denominator Description			
Baseline Data	Baseline Year:	Projected Data (by End of Project Period)	
	Measure Type:		
	Numerator:		
	Denominator:		
Data Source & Methodology			
Progress Toward Goal	Quantitative:		
	Qualitative:		
Comments			