

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

**FORM 3: INCOME ANALYSIS
YEAR 1 — YEAR 2**

FOR HRSA USE ONLY

Applicant Name

Grant Number

Application Tracking Number

Sliding Discount Including Full Discount (BH/SA)								
4g. Self Pay: 100% Charge, No Discount (Other)								
4h. Self Pay: 0-99% of Charge, Sliding Discount Including Full Discount (Other)								
4. Subtotal: Self Pay								
5. Subtotal: Other Public								
6. Total (Lines 1-5)								
6. TOTAL FEE FOR SERVICE								

** State the time period used for **Actual Accrued Income Past 12 Months** by listing the 12-month period end date (month and year):-

PROJECTED CAPITATED MANAGED CARE INCOME

	TYPE OF PAYOR	Number of Member Months (a)	Rate Per Member Month (b)	Risk Pool and Other Adjustments (c)	FQHC Cost Settlement and Wrap Adjustments (d)	Projected Gross Income (e)
	7a. Medicaid					
	7b. Medicare					
	7c. Commercial					
	7d. Other Public					
7.	TOTAL CAPITATED MANAGED CARE					
		Visits (a)	Average Charge Per Visit (b)	Total Charges (c)		
	8. Capitated Managed Care					
9. TOTAL PROGRAM INCOME [line 6, column g + line 7, column e] matches line 7 "Program Income" of the SF-424A						

PART 2: NON-FEDERAL SHARE, OTHER INCOME – Other Federal, State, Local, and Other Income

Payor Category	Projected Income (d) Total Other Income by Source	Prior FY Income (e)
7. Other Federal		
10. Applicant Funds (Retained Earnings)		
11. State Funds Government		
12. Local Funds Government		
Other Support		
10. Private Grants/Contracts		
113a. Contributions Other Federal Grants		
123b. Contributions and Fundraising Other		

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13e. Applicant (Retained Earnings) Foundation Grants

1413d. Total Other _____ (please list Lines 7-13)

13. Subtotal Other Support

14. TOTAL OTHER INCOME

15. Total Non-Federal SHARE (Non-Health Center Program) Income (Program Income Plus Other)
[line 6, column g + line 7, column e + line 14] matches line 5, column f, "Non-Federal Totals" of the SF-424A

15. Total Non-Federal (Lines 6 + 14)

Comments/Explanatory Notes (if applicable):

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 2.51 hours 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 10-3314N-39, Rockville, Maryland, 20857.