

**CHILDREN'S HOSPITALS GRADUATE MEDICAL  
EDUCATION PAYMENT PROGRAM**

**APPLICATION FORM HRSA 99-4**

**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 0915-0247. Public reporting burden for this collection of information is estimated to average 12.5 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 10-29, Rockville, Maryland, 20857.

<b>Children's Hospitals Graduate Medical Education Payment Program Government Performance and Results Act (GPR) Tables</b>											
Name of Applicant:		#REF!									
City:	#REF!	State:	#REF!	Zip Code:	#REF!						
Medicare Provider Number:		#REF!									
Fiscal Year in which applying for funding:				FFY	#REF!						
Type of Application (check box to the left)				For submission with Reconciliation Application only.							

**Table 1. Number of FTE Residents Enrolled in Approved Residency Programs Supported by or Rotating at the Children's Hospital**

Number of FTE Residents Enrolled in Approved Residency Programs		Family Medicine Residents	General Internal Medicine Residents	Preventive Medicine Residents	Geriatric Medicine Residents	Osteopathic General Practice Residents	General Surgery Residents	All Other Non-Pediatric Residents	General Pediatric Residents	Subspecialty Pediatric Residents (Fellows)	Total Non-Pediatric Residents	Total
1.01	Sponsored by the Children's Hospital and Rotating at the Children's Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.02	Sponsored by the Children's Hospital and Rotating at Non-Provider sites	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.03	Sponsored by Other Hospitals and Rotating at the Children's Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.04	Sum of Lines 1.01 through 1.03 (above)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.05	Sponsored by the Children's Hospital and Rotating at Other Hospitals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

(Rev. 04-2016)

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 Government Performance and Results Act (GPR) Tables**

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<b>Medicare Provider Number:</b>	#REF!		
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<b>Table 2. Hospital's Total and Operating Margins</b>	
<b>Total Margins</b>	
<b>Operating Margins</b>	

<b>Table 3. Hospital's Allowable Operating Expenses</b>	
<b>Total Allowable Operating Expenses</b>	

<b>Table 4. Hospital's Revenue, Gross Revenue and Expenses Attributed to Patient Care</b>		
<i>Revenue and Expense Type</i>	<i>Inpatient</i>	<i>Outpatient</i>
1. Hospital's gross revenue attributed to Medicaid & SCHIP		
2. Hospital's gross revenue attributed to Medicare		
3. Hospital's gross revenue attributed to self-pay		
4. Hospital's gross revenue attributed to other sources		
5. Hospital's total gross revenue attributed to patient care	\$0.00	\$0.00
6. Hospital's total expenses attributed to uncompensated care		
7. Hospital's total expenses attributed to charity care		