OMB No.: 0915-0285. Expiration Date: XX/XX/20XX

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration

FORM 3: INCOME ANALYSIS

FOR HRSA USE ONLY				
Grant Number	Application Tracking Number			

Note: The value in the Projected Income (d) column should equal the value in the Billable Visits (b) column multiplied by the value in the Income per Visit (c) column. If not, explain in the Comments/Explanatory Notes box. In the Prior FY Income (e) column, enter the income data from the health center's most recent fiscal year audit or interim financial statement.

Dart 1.	Dationt	Service Reven	ue - Program	Income
Part II	Pallelli	Service Reven	ue – Prouraili	IIICOIIIE

P	ayer Category	Patients by Primary Medical Insurance (a)	Billable Visits (b)	Income per Visit (c)	Projected Income (d)	Prior FY Income
1.	Medicaid					
2.	Medicare					
3.	Other Public					
4.	Private					
5.	Self Pay					
6.	Total (Lines 1- 5)	will auto-calculate in EHB	will auto- calculate in EHB	N/A	will auto-calculate in EHB	will auto- calculate in EHB
Part 2: Other Income – Other Federal, State, Local, and Other Income						

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7. Other Federal	N/A	N/A	N/A		
8. State Government	N/A	N/A	N/A		
9. Local Government	N/A	N/A	N/A		
10. Private Grants/ Contracts	N/A	N/A	N/A		
11. Contributions	N/A	N/A	N/A		
12. Other	N/A	N/A	N/A		
13. Applicant (Retained Earnings)	N/A	N/A	N/A		
14. Total Other: (Lines 7-13)	N/A	N/A	N/A	will auto-calculate in EHB	will auto- calculate in EHB

Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)

Payer Category	Patients by Primary	Billable	Income per	Projected	Prior FY Income
	Medical Insurance (a)	Visits (b)	Visit (c)	Income (d)	(e)
15. Total Non- Federal (Lines 6+14)	N/A	N/A	N/A	will auto- calculate in EHB	will auto-calculate in EHB

Comments/Explanatory Notes (if applicable)

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, costeffective primary health care to patients regardless of their ability to pay. . paperwork@hrsa.gov HYPERLINK

[&]quot;https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork@hrsa.gov" 42 U.S.C. 254b HYPERLINK

[&]quot;http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim"