

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>Loan Guarantee Program Financial Performance Indicators</b>				
		<b>Grant Number</b>		<b>Application Tracking Numbe</b>
<b>Historical Financial Indicators</b>	Input the #, \$ or Ratio for Each of the Health Center's Last Four Fiscal Years	Explain anomalies in figures or any positive/negative figures/trends	Describe how the Health Center has been or will be addressing any anomalies or negative figures/ trends	Describe what role, if any, the proposed loan guarantee project will play in helping to address any anomalies or negative figures / trends
<b>Revenue Drivers/Liquidity</b>				
Days Receivable	CY ___ : ___ CY ___ : ___ CY ___ : ___ CY ___ : ___			
Days Cash on Hand	CY ___ : ___ CY ___ : ___ CY ___ : ___ CY ___ : ___			
Current Ratio	CY ___ : ___ CY ___ : ___ CY ___ : ___ CY ___ : ___			
<b>Debt Capacity</b>				
Leverage Ratio	CY ___ : ___ CY ___ : ___ CY ___ : ___ CY ___ : ___			
EBIDTA	CY ___ : ___ CY ___ : ___			

	CY ____ : ____ CY ____ : ____			
Debt Service Coverage Ratio	CY ____ : ____ CY ____ : ____ CY ____ : ____ CY ____ : ____			
<b>Solvency</b>				
Net Assets & Net Assets Ratio	CY ____ : ____ CY ____ : ____ CY ____ : ____ CY ____ : ____			
Operating Margin	CY ____ : ____ CY ____ : ____ CY ____ : ____ CY ____ : ____			
Days in Accounts Payable	CY ____ : ____ CY ____ : ____ CY ____ : ____ CY ____ : ____			

<b>Revenue Drivers / Liquidity</b>	
Days Receivable	$\$ \text{ Patient Receivables at FYE} / \text{ Number of Days in the FY}$
Days Cash on Hand	$((\text{Cash} + \text{Liquid Investments}) / \text{Total Revenue}) \times \text{Number Days in Year}$
Current Ratio	$\text{Current Assets} / \text{Current Liabilities}$
<b>Debt Capacity</b>	
Leverage Ratio	$\text{Total Debt} / \text{Net Assets}$
EBIDTA	$\text{Net Operating Income} + \text{Interest} + \text{Depreciation} + \text{Taxes} + \text{Amortization}$
Debt Service Coverage Ratio	$\text{EBITDA} / \text{Annual Debt Service Payments of Principal and Interest on All Debt}$
<b>Solvency</b>	
Net Assets & Net Assets Ratio	$\text{Net Asset Ratio} = \text{Net Assets} / \text{Total Assets}$
Operating Margin	$\text{Operating Income} / \text{Revenue}$
Days in Accounts Payable	$(\text{Accounts Payable} / (\text{Total Expenses} - \text{Interest Expense} - \text{Depreciation} - \text{Change in Loan Loss Reserve})) \times \text{Number Days in Year}$
<b>Questions</b>	
Explain anomalies in figures or any positive/negative figures/trends	Provide a detailed explanation of both positive and negative occurring anomalies, figures, and trends to further understand the data.
Describe how the Health Center has been or will be addressing any anomalies or negative figures/ trends	Provide a description of how any identified anomalies, negative figures, or trends have been or will be addressed.
Describe what role, if any, the proposed loan guarantee project will play in helping to address any anomalies or negative figures / trends	Provide a description of how the proposed loan guarantee project would assist in addressing any identified anomalies, negative figures, or trends.

Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) are patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients and adjust fees based on income and family size. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. 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 information collection is 0915-0285 and it is valid until XX/XX/202X. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C.](#)

[254b](#)). Public reporting burden for this collection of information is estimated to average 1 hour 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov). Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.