



Form 3: Income Analysis

OMB No.: 0915-0285. Expiration Date: 4/30/2026

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 (c) column should equal the value in the Patients (a) column multiplied by the value in the Income Per Patient (b) column. If not, explain in the Comments/Explanatory Notes box.

Part 1: Patient Service Revenue – Program Income

Payer Category	Count of patients by Primary Medical Insurance (a)	Income per Patient (b)	Projected Income (c)	Projected Costs (d)	Difference between projected income & costs (e)
1. Medicaid					
2. Medicare					
3. Other Public					
4. Private					
5. Self Pay					
6. Total (Lines 1-5)		N/A			

Part 2: Other Income – Other Federal, State, Local, and Other Income

7. Other Federal Awards	N/A	N/A		N/A	N/A
8. State Government	N/A	N/A		N/A	N/A
9. Local Government	N/A	N/A		N/A	N/A
10. Private Grants/Contracts	N/A	N/A		N/A	N/A
11. Contributions	N/A	N/A		N/A	N/A
12. Pharmacy	N/A	N/A		N/A	N/A
13. Other					
14. Applicant (Retained Earnings)	N/A	N/A		N/A	N/A
15. Total Other: (Lines 7-14)	N/A	N/A		N/A	N/A

Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)					
Payer Category	Count of patients by Primary Medical Insurance (a)	Income per Patient (b)	Projected Income (c)	Projected Costs (d)	Difference between projected income & costs (e)
16. Total Non-Federal (Lines 6+15)	N/A	N/A			
Comments/Explanatory Notes (if applicable)					

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. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.