

HRSA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

FORM 3A: LOOK-ALIKE BUDGET INFORMATION

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

FOR HRSA USE ONLY	
LAL Number	Application Tracking Number

Note: The program income total on this form must match the program income total on Form 3.

Budget Category	Community Health Centers (CHC - 330(e))	Migrant Health Centers (MHC - 330(g))	Health Care for the Homeless (HCH - 330(h))	Public Housing Primary Care (PHPC - 330(i))	Total <i>will auto-calculate in EHB</i>
1. Expenses					
a. Personnel					
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of a through h) <i>will auto-calculate in EHB</i>					
j. Indirect Charges					
k. Total Expenses (sum of i and j) <i>will auto-calculate in EHB</i>					
2. Revenue					
a. Applicant					
b. Federal					
c. State					
d. Local					
e. Other					
f. Program Income					
g. Total Revenue (sum of a through f) <i>will auto-calculate in EHB</i>					

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. . paperwork@hrsa.gov HYPERLINK
 "https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork@hrsa.gov" [42 U.S.C. 254b](#) HYPERLINK
 "http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim"

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