

| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>Health Resources and Services Administration<br><br>FORM 3: INCOME ANALYSIS  |                                |   | FOR HRSA USE ONLY          |                      |                             |                            |
|---|--------------------------------|---|----------------------------|----------------------|-----------------------------|----------------------------|
|   |                                |   | Grant Number               |                      | Application Tracking Number |                            |
| <b>Note:</b> 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. |                                |   |                            |                      |                             |                            |
| Line #  | Payer Category                 | Patients by Primary Medical Insurance (a) | Billable Visits (b)        | Income per Visit (c) | Projected Income (d)        | Prior FY Income (e)        |
| <b>Part 1: Patient Service Revenue – Program Income</b>   |                                |   |                            |                      |                             |                            |
| 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 |
| <b>Part 2: Other Income – Other Federal, State, Local, and Other Income</b>   |                                |   |                            |                      | <b>Projected Income</b>     | <b>Prior FY Income</b>     |
| 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 |
| <b>Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)</b>   |                                |   |                            |                      |                             |                            |
| 15  | Total Non-Federal (Lines 6+14) | N/A                                       | N/A                        | N/A                  | will auto-calculate in EHB  | will auto-calculate in EHB |
| <b>Comments/Explanatory Notes (if applicable)</b>   |                                |   |                            |                      |                             |                            |
|   |                                |   |                            |                      |                             |                            |

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 0915-0285. 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 Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.