



OMB No.: 0915-0285. Expiration Date: 9/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY			
		LAL Number	Application Tracking Number		
FORM 3A: LOOK-ALIKE BUDGET INFORMATION					
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: 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 14N-39, Rockville, Maryland, 20857.

Instructions for Form 3A: Look-Alike Budget Information

Part 1: Expenses: For each of the expense categories (personnel, fringe benefits, travel, equipment, supplies, contractual, construction, other, and indirect charges – see the Budget Narrative section of the RD instructions for a definition of each expense category), enter the projected expenses for the first year of the proposed new designation period for each Health Center Program type for which you are designated (i.e., CHC, MHC, HCH, PHPC). If the categories in the form do not describe all possible expenses, enter expenses in the Other category. The Total fields are calculated automatically as you move through the form. Form 3A should be consistent with amounts in the budget narrative.

Part 2: Revenue: For each of the revenue categories (applicant, federal, state, local, other, and program income), enter the projected revenue for the first year of the proposed new designation period from each applicable program. If the LAL is a State agency, leave the State row blank and include State funding in the Applicant row. If revenue is collected from sources other than the listed sources, indicate those in the Other category. The total fields are calculated automatically as you move through the form.