



Income Analysis Form

(Required for NHHCS)

See the Income Analysis Form section in the FY 2023 NHHCIA NCC instructions available on the [NHHCIA technical assistance \(TA\) webpage](#) for guidance on how to complete the Income Analysis Form.

OMB No.: 0915-0285. Expiration Date: 3/31/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration INCOME ANALYSIS FORM August 1, 2023 – July 31, 2024		FOR HRSA USE ONLY				
		Applicant Name	Grant Number	Application Tracking Number		
Part 1: Patient Service Revenue – Program Income						
Line #	Payer Category	Patients by Primary Medical Insurance	Billable Visits	Income per Visit	Projected Income	Prior FY Income:
		(a)	(b)	(c)	(d)	(e)
1	Medicaid					
2	Medicare					
3	Other Public					
4	Private					
5	Self-Pay					
6	Total (Lines 1–5)					
Part 2: Other Income – Other Federal, State, Local and Other Income						
7	Other Federal					
8	State Government					
9	Local Government					
10	Private Grants/Contracts					
11	Contributions					
12	Other					
13	Applicant (Retained Earnings)					
14	Total Other: (Lines 7–13)					
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)						
15	Total Non-Federal (lines 6+14)					
Comments/Explanatory Notes (if applicable)						

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. 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. The OMB control number for this information collection is 0915-0285 and it is valid until 3/31/2023. 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 Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.