



Form 3A: Look-Alike Budget Information

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 3A: LOOK-ALIKE BUDGET INFORMATION	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 EHBs</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 EHBs</i>					
j. Indirect Charges					
k. Total Expenses (sum of i and j) <i>will auto-calculate in EHBs</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 EHBs</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. 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 4/30/2026. 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.

Instructions

Part 1: Expenses

For each of the expense categories (personnel, fringe benefits, travel, equipment, supplies, contractual, other, and indirect charges – see the Budget Narrative section for a definition of each expense category), enter the projected expenses for the upcoming certification period for each of the applicable categories. 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.

Part 2: Revenue

For each of the revenue categories (applicant, federal, state, local, other, and program income), enter the projected revenue for the upcoming certification period from each category. If you are a state agency, leave the State row blank and include state funding in the Applicant row. If revenue is collected from sources other than those listed, indicate the additional sources in the Other category. The total fields are calculated automatically as you move through the form.

Form 3A should be consistent with the amounts described in the Budget Narrative.