

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Financial Performance Indicators PERFORMANCE MEASURES		
	Grant Number	Application Tracking Number
Historical Operating Indicators		
Billable Visits		
Input the # for each of the health center's last four calendar years		
CY : CY : CY : CY :		
Explain anomalies in figures or any positive/negative figures/trends <i>(limit 2,000 characters)</i>		

Historical Operating Indicators

Describe how the health center has been or will be addressing any anomalies or negative figures/trends *(limit 2,000 characters)*

Describe what role, if any, the proposed loan guarantee project will play in helping to address any anomalies or negative figures/trends *(limit 2,000 characters)*

Historical Operating Indicators

Physician Productivity

Input the # for each of the health center's last four calendar years

CY :
CY :
CY :
CY :

Explain anomalies in figures or any positive/negative figures/trends *(limit 2,000 characters)*

Historical Operating Indicators

Describe how the health center has been or will be addressing any anomalies or negative figures/trends *(limit 2,000 characters)*

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Historical Operating Indicators

Dentist Provider Productivity

Input the # for each of the health center's last four calendar years

CY :
CY :
CY :
CY :

Explain anomalies in figures or any positive/negative figures/trends *(limit 2,000 characters)*

Historical Operating Indicators

Describe how the health center has been or will be addressing any anomalies or negative figures/trends *(limit 2,000 characters)*

Describe what role, if any, the proposed loan guarantee project will play in helping to address any anomalies or negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Revenue Drivers/Liquidity

Days Receivable

Input the #, \$ or Ratio for each of the health center's last four fiscal years

FY :

FY :

FY :

FY :

Explain anomalies in figures or any positive/negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Revenue Drivers/Liquidity

Describe how the health center has been or will be addressing any anomalies or negative figures/trends *(limit 2,000 characters)*

Describe what role, if any, the proposed loan guarantee project will play in helping to address any anomalies or negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Revenue Drivers/Liquidity

Days Cash on Hand

Input the #, \$ or Ratio for each of the health center's last four fiscal years

FY :

FY :

FY :

FY :

Explain anomalies in figures or any positive/negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Revenue Drivers/Liquidity

Describe how the health center has been or will be addressing any anomalies or negative figures/trends *(limit 2,000 characters)*

Describe what role, if any, the proposed loan guarantee project will play in helping to address any anomalies or negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Revenue Drivers/Liquidity

Current Ratio

Input the #, \$ or Ratio for each of the health center's last four fiscal years

FY :

FY :

FY :

FY :

Explain anomalies in figures or any positive/negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Revenue Drivers/Liquidity

Describe how the health center has been or will be addressing any anomalies or negative figures/trends *(limit 2,000 characters)*

Describe what role, if any, the proposed loan guarantee project will play in helping to address any anomalies or negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Debt Capacity

Leverage Ratio

Input the #, \$ or Ratio for each of the health center's last four fiscal years

FY :

FY :

FY :

FY :

Explain anomalies in figures or any positive/negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Debt Capacity

Describe how the health center has been or will be addressing any anomalies or negative figures/trends *(limit 2,000 characters)*

Describe what role, if any, the proposed loan guarantee project will play in helping to address any anomalies or negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Debt Capacity

EBIDTA

Input the #, \$ or Ratio for each of the health center's last four fiscal years

FY :

FY :

FY :

FY :

Explain anomalies in figures or any positive/negative figures/trends (*limit 2,000 characters*)

Historical Financial Indicators

Debt Capacity

Describe how the health center has been or will be addressing any anomalies or negative figures/trends *(limit 2,000 characters)*

Describe what role, if any, the proposed loan guarantee project will play in helping to address any anomalies or negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Debt Capacity

Debt Service Coverage Ratio

Input the #, \$ or Ratio for each of the health center's last four fiscal years

FY :

FY :

FY :

FY :

Explain anomalies in figures or any positive/negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Debt Capacity

Describe how the health center has been or will be addressing any anomalies or negative figures/trends *(limit 2,000 characters)*

Describe what role, if any, the proposed loan guarantee project will play in helping to address any anomalies or negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Solvency

Net Assets & Net Assets Ratio

Input the #, \$ or Ratio for each of the health center's last four fiscal years

FY :
FY :
FY :
FY :

Explain anomalies in figures or any positive/negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Solvency

Describe how the health center has been or will be addressing any anomalies or negative figures/trends *(limit 2,000 characters)*

Describe what role, if any, the proposed loan guarantee project will play in helping to address any anomalies or negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Solvency

Operating Margin

Input the #, \$ or Ratio for each of the health center's last four fiscal years

FY :
FY :
FY :
FY :

Explain anomalies in figures or any positive/negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Solvency

Describe how the health center has been or will be addressing any anomalies or negative figures/trends *(limit 2,000 characters)*

Describe what role, if any, the proposed loan guarantee project will play in helping to address any anomalies or negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Solvency

Days in Accounts Payable

Input the #, \$ or Ratio for each of the health center's last four fiscal years

FY :
FY :
FY :
FY :

Explain anomalies in figures or any positive/negative figures/trends *(limit 2,000 characters)*

Historical Financial Indicators

Solvency

Describe how the health center has been or will be addressing any anomalies or negative figures/trends *(limit 2,000 characters)*

Describe what role, if any, the proposed loan guarantee project will play in helping to address any anomalies or negative figures/trends *(limit 2,000 characters)*

Historical Operating Indicators	
Billable Visits	Total number of Billable Visits Per Year
Physician Productivity	Number Billable Physician Visits / Number Physician FTEs / Per Year
Dentist Provider Productivity	Number Billable Dentist Visits / Number Dentist FTEs / Per Year
Historical Financial Indicators	
Revenue Drivers/Liquidity	
Days Receivable	$\$ \text{ Patient Receivables at FYE } / \text{ Number of Days in the FY}$
Days Cash on Hand	$((\text{Cash} + \text{Liquid Investments}) / \text{Total Revenue}) \times \text{Number Days in Year}$
Current Ratio	Current Assets / Current Liabilities
Debt Capacity	
Leverage Ratio	Total Debt / Net Assets
EBIDTA	Net Operating Income + Interest + Depreciation + Taxes + Amortization
Debt Service Coverage Ratio	EBITDA / Annual Debt Service Payments of Principal and Interest on All Debt
Solvency	
Net Assets & Net Assets Ratio	Net Asset Ratio = Net Assets / Total Assets
Operating Margin	Operating Income / Revenue
Days in Accounts Payable	$(\text{Accounts Payable} / (\text{Total Expenses} - \text{Interest Expense} - \text{Depreciation} - \text{Change in Loan Loss Reserve})) \times \text{Number Days in Year}$

Questions	
Explain anomalies in figures or any positive/negative figures/trends	Provide a detailed explanation of both positive and negative occurring anomalies, figures, and trends to further understand the data.
Describe how the health center has been or will be addressing any anomalies or negative figures/trends	Provide a description of how any identified anomalies, negative figures, or trends have been or will be addressed.
Describe what role, if any, the proposed loan guarantee project will play in helping to address any anomalies or negative figures/trends	Provide a description of how the proposed loan guarantee project would assist in addressing any identified anomalies, negative figures, or trends.

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 1.5 hours 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.