



FY2024 Native Hawaiian Health Care Systems (NHHCS) Income Analysis Form

You must report on projected income from all sources other than NHHCS funding for the first year of the 3-year period of performance (August 1, 2024 – July 31, 2025). You must record this information using the Income Analysis Form. Instructions on how to complete the Income Analysis Form can be found in Appendix C of the FY24 NHHCIA NOFO. A copy of the NOFO can be found on the [Apply for NHHCIA](#) webpage.

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

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	Other (e.g., private insurance plans)					
5	Self-Pay					
6	Total (Lines 1–5)					

Part 2: Other Income – Other Federal, State, Local and Other Income						
Line #	Payer Category				Projected Income	Prior FY 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: The OMB control number for this information collection is 0915-0285 and it is valid until 4/30/2026. 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.