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

| **DEPARTMENT OF HEALTH AND HUMAN SERVICES  Health Resources and Services Administration   FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS** | **FOR HRSA USE ONLY** | |
| --- | --- | --- |
| Grant Number | Application Tracking Number |
| ***Note:*** *For current grantees and current grantees applying for a new service area, the system will pre-populate this form.* | | |

| **Board Member Name** | **Current Board Office Position Held** | **Area of Expertise** | **>10% of Income from Health Industry** | **Health Center Patient** | **Live or Work in Service Area** | **Years of Continuous Board Service** | **Special Population Representative**  **(If yes, specify Special Population)** |
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| **PATIENT BOARD MEMBER CLASSIFICATION** | | | | | | | |
| **Gender** | | | | **Number of Patient Board Members** | | | |
| Male | | | |  | | | |
| Female | | | |  | | | |
| Unreported/Declined to Report | | | |  | | | |
| **Ethnicity** | | | | **Number of Patient Board Members** | | | |
| Hispanic or Latino | | | |  | | | |
| Non-Hispanic or Latino | | | |  | | | |
| Unreported/Declined to Report | | | |  | | | |
| **Race** | | | | **Number of Patient Board Members** | | | |
| Native Hawaiian | | | |  | | | |
| Other Pacific Islanders | | | |  | | | |
| Asian | | | |  | | | |
| Black/African American | | | |  | | | |
| American Indian/Alaska Native | | | |  | | | |
| White | | | |  | | | |
| More Than One Race | | | |  | | | |
| Unreported/Declined to Report | | | |  | | | |

**Note:** The following question is ONLY required if you selected Public (non-Tribal or Urban Indian) as the Business Entity on Form 1A of this application. In all other cases, select N/A.

If you are a public organization/center, do the board members listed above represent a co-applicant board? Yes No N/A

If yes, ensure that the co-applicant agreement is included as Attachment 6.

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 10-29, Rockville, Maryland, 20857.