



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

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| <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b><br><b>Health Resources and Services Administration</b><br><br><b>FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS</b> | <b>FOR HRSA USE ONLY</b> |                             |
|                                                                                                                                                                   | LAL Number               | Application Tracking Number |

| Board Member Name | Current Board Office Position Held | Area of Expertise | >10% of Income from Health Industry Yes/No | Health Center Patient Yes/No | Live or Work in Service Area | 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 question below 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 the applicant is a public organization/center, do the board members listed above represent a co-applicant board?**

|                                                                                                                        |                       |                       |
|------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| <input type="radio"/>                                                                                                  | <input type="radio"/> | <input type="radio"/> |
| Yes                                                                                                                    | No                    | N/A                   |
| If yes, ensure that the co-applicant agreement is included as Attachment 6 in the Appendices form of this application. |                       |                       |

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 30 minutes 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 14N-39, Rockville, Maryland, 20857.