



Form 12: Organization Contacts

OMB No.: 0915-0285. Expiration Date: 3/31/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 12: ORGANIZATION CONTACTS	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Note: This form will pre-populate for competing continuation and competing supplement applicants.		
Chief Executive Officer		
Position Title		
Prefix		
Name		
Suffix		
Highest Degree		
Email		
Phone Number		
Contact Person		
Position Title		
Prefix		
Name		
Suffix		
Highest Degree		
Email		
Phone Number		
Chief Medical Officer		
Position Title		
Prefix		
Name		
Suffix		
Highest Degree		
Email		

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 12: ORGANIZATION CONTACTS	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Phone Number		
Dental Director		
Position Title		
Prefix		
Name		
Suffix		
Highest Degree		
Email		
Phone Number		
Behavioral Health Director		
Position Title		
Prefix		
Name		
Suffix		
Highest Degree		
Email		
Phone Number		

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 3/31/2023. 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 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 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Instructions

If you are a competing continuation or competing supplement applicant, data will pre-populate for you to revise as necessary.

If you are a new applicant, provide the requested contact information. For the Contact Person field, provide an individual who can represent the organization in communication regarding the application.