



* Form 6A: Current Board Member Characteristics

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration				FOR HRSA USE ONLY		
FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS				Grant Number		Application Tracking Number
Notes: <ul style="list-style-type: none"> The list of Board Members will pre-populate for competing continuation and competing supplement applicants. Only include board members that are patients of the health center in the Patient Board Member Characteristics section. 						
Name	Current Board Office Position Held	Area of Expertise	>10% of Income from Health Industry	Health Center Patient	Live or Work in Service Area	Special Population Representative (If yes, specify Special Population)
PATIENT BOARD MEMBER CHARACTERISTICS						
Gender				Number of Patient Board Members		
Male						
Female						
Unreported/Declined to Report						
Ethnicity				Number of Patient Board Members		
Hispanic or Latino/a						
Non-Hispanic or Latino/a						
Unreported/Declined to Report						
Race				Number of Patient Board Members		
Native Hawaiian						
Other Pacific Islander						
Asian						
Black/African American						
American Indian/Alaska Native						
White						
More Than One Race						

Race	Number of Patient Board Members
Unreported/Declined to Report	
Note: This section 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"/> Yes <input type="radio"/> No <input type="radio"/> 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: 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 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.

Instructions

The list of board members will pre-populate for competing continuation and competing supplement applicants. **Update pre-populated information as appropriate.**¹ Public centers with co-applicant health center governing boards must list the co-applicant board members.

Complete or update the following information:

- List all current board members (minimum of 9 and maximum of 25). Do not list non-voting board members (e.g., Project Director (PD), advisory board members).
- List each board member's office held, if applicable (e.g., Chair, Treasurer) and area of expertise (e.g., finance, education, nursing).
- For non-patient board members, indicate if more than 10 percent of their annual income is from the health care industry.
- Indicate if each board member is a health center patient. For the purposes of board composition, a patient is an individual who received at least one service in the past 24 months that generated a health center visit, where both the service and the site where the service was received are within the HRSA-approved (or proposed in this application) scope of project.
- Indicate if each board member lives and/or works in the service area.
- Indicate if each board member is a representative from/for a special population (i.e., people experiencing homelessness, migratory and seasonal agricultural workers and their families, residents of public housing).

Patient Board Member Characteristics section: Indicate the total gender, ethnicity, and race of board members who are patients of the health center. Do **not** include board members that are not patients of the health center in this section.

¹ Refer to [Chapter 20: Board Composition](#) of the Compliance Manual.

Note:

- Indian tribes or tribal, Indian, or urban Indian organizations are not required to complete this form, but may do so if desired.
- If you are requesting a waiver of the 51 percent patient majority board composition requirement, you must list your board members, NOT the members of any advisory council.