



# Form 12: Organization Contacts

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

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>FORM 12: ORGANIZATION CONTACTS</b>	<b>FOR HRSA USE ONLY</b>	
	<b>Grant Number</b>	<b>Application Tracking Number</b>
Note: For satellite applicants, the system will pre-populate this form. Update as applicable.		
<b>Chief Executive Officer</b>		
Position Title		
Prefix		
Name		
Suffix		
Highest Degree		
Email		
Phone Number		
<b>Contact Person</b>		
Position Title		
Prefix		
Name		
Suffix		
Highest Degree		
Email		
Phone Number		
<b>Chief Medical Officer</b>		
Position Title		
Prefix		
Name		
Suffix		
Highest Degree		
Email		
Phone Number		

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>FORM 12: ORGANIZATION CONTACTS</b>	<b>FOR HRSA USE ONLY</b>	
	<b>Grant Number</b>	<b>Application Tracking Number</b>
<b>Dental Director</b>		
Position Title		
Prefix		
Name		
Suffix		
Highest Degree		
Email		
Phone Number		
<b>Behavioral Health Director</b>		
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 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 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](mailto:paperwork@hrsa.gov).

**Instructions**

You must enter CEO, CMO, and contact person details. The contact person should be someone who can represent your organization if we have questions about your application. If you do not have a dental director or behavioral health director, you may leave them blank.