



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 FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Note: For satellite applicants, the system will pre-populate the list of board members. **Update pre-populated information as applicable.**

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

Only include board members that are patients of the health center in the Patient Board Member Characteristics section.

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	
Unreported/Declined to Report	

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Note: An answer to the question below is 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 agency, 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

You must have at least 9 and no more than 25 board members. For details about board requirements, read [Chapter 20: Board Composition](#) in the [Compliance Manual](#).

List only voting board members. Do not include non-voting members such as PD/CEO, advisory board members. For each board member, complete or update the following information:

- First and last name
- Board office position held, if any (such as Chair, Treasurer)
- Area of expertise (such as finance, education, nursing)
- If they earn more than 10% of income from the health care industry
 - No more than half of your non-patient board members can earn more than 10% of their annual income from the health care industry.
- If they are a health center patient
 - For the purposes of board composition, a patient is someone who has received at least one service at a health center service site in the past 24 months that generated a health center visit.
- The majority (at least 51%) of board members must be your health center's patients.

- If they live and/or work in the service area
 - Non-patient board members must be representative of the community served by the health center.
- If they represent a special population (people experiencing homelessness, migratory and seasonal agricultural workers and families, and/or public housing residents)

Patient Board Member Characteristics section: Only include board members who are patients of the health center in this section. Enter the number of patient board members for each option listed.

Note:

- If you are a public agency with a co-applicant health center board, you will list the co-applicant board members in this form.
- Native American tribal and urban Indian organizations are not required to complete this form but may do so if desired.
- List only your board members, NOT the members of any advisory council. This is true even if you request a waiver of the patient majority board requirement on Form 6B.