**Form 8: Health Center Agreements**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
Health Resources and Services Administration

**Form 8: HEALTH CENTER AGREEMENTS**

Note: Look-alikes must be independently owned, controlled, and operated. If a Look-alike wishes to enter into an agreement/arrangement post-award that will either (1) result in another organization carrying out a substantial portion of the approved scope of project or (2) impact the governing board’s composition, authorities, functions, or responsibilities, a Prior Approval request must be submitted in EHBs and approved by HRSA before the agreement/arrangement can be formalized and implemented.

### PART I Health Center Agreements

1. Does your organization have a parent, affiliate, or subsidiary organization?  
   If **Yes**, indicate the number of each agreement by type in 1a, 1b, or 1c below and complete Part II. If **No**, **Part II is Not Applicable**.

   - **1a. Number of Parent Organizations**
   - **1b. Number of Affiliate Organizations**
   - **1c. Number of Subsidiary Organizations**

   **Total Number of Parent, Affiliate, or Subsidiary Organizations**

2. Do you currently have, or plan to utilize  
   a) Contract(s) with another organization to perform substantive programmatic work within the proposed scope of project? **For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers.**  
   If **Yes**, indicate the number of each agreement by type in 2a and/or 2b below and complete Part II. If **No**, **Part II is Not Applicable**.

   - **2a. Number of contracts with another organization to perform substantive programmatic work within the proposed scope of project.**  
     (number)
   - **2b. Number of subawards made to subrecipients to carry out a portion of the proposed scope of project.**  
     (number)
   - **2c. Total number of contracts for substantive programmatic work and/or subawards.**  
     (number)

### Part II: Attachments

All parent, affiliate, or subsidiary agreements, as well as contracts for substantive programmatic work and subawards, including contracts or subawards which involve a parent, affiliate, or subsidiary organization referenced in Part I **must be uploaded in full**. Uploaded documents will NOT count against the page limit.

**Parent/Affiliate/Subsidiary/Contract/Subawardee**
**Organization Name (maximum 50 characters)**

**Type of Agreement**

- [ ] Parent
- [ ] Affiliate
- [ ] Subsidiary
- [ ] Subaward
- [ ] Contract
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 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

Complete Part I, by selecting Yes if you have:

1) A parent, affiliate\(^1\), or subsidiary organization; and/or

2) A current or proposed contract that will constitute a substantial portion of the proposed scope of project (e.g., contracting with an entity for the majority of health care providers, a site that is or will be operated by a contractor, as identified on Form 5B: Service Sites)\(^2\); or any subaward (e.g., a site that is or will be operated by a subrecipient as identified on Form 5B: Service Sites).

Refer to Uniform Guidance 2 CFR part 200 as codified by HHS at 45 CFR part 75 for more information on the characteristics of a subrecipient or contractor agreement. You must determine whether an individual agreement that will result in disbursement of federal funds will be carried out through a contract or a subaward and structure the agreement accordingly.

If either question 1 or 2 is answered “Yes”, you must upload the associated agreement(s). You may list a maximum of 10 organizations with five document uploads each. Additional documentation that exceeds this limit should be included in Attachment 13: Other Relevant Documents, which will count against the page limit.

Contracts attached to Form 8 must support the HRSA-approved scope of project and include the provisions listed below:

- Specific activities or services to be performed, or goods to be provided.
- Mechanisms for the health center to monitor contractor performance.
- Requirements for the contractor to provide data necessary to meet applicable Federal financial and programmatic reporting requirements, as well as provisions addressing records retention and access, audits, and property management.\(^3\)

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\(^{1}\) For the purposes of this form, “affiliate” refers to a separate corporate entity with which the health center applicant organization shares a parent or subsidiary.

\(^{2}\) For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers. The acquisition of supplies, material, equipment, or general support services is not considered programmatic work.

\(^{3}\) For further guidance on these requirements, see the HHS Grants Policy Statement.