

HRSA

Health Resources & Services Administration

OMB No.: 0915-0285. Expiration Date: 1/31/2020

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| 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.**

| Board Member Name | Current Board Office Position Held | Area of Expertise | >10% of Income from Health Industry Yes/No | Health Center Patient Yes/No | Live or Work in Service Area | Special Population Representative (If yes, specify Special Population) |
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PATIENT BOARD MEMBER CLASSIFICATION

| Gender | Number of Patient Board Members |
|-------------------------------|---------------------------------|
| Male | |
| Female | |
| Unreported/Declined to Report | |
| Ethnicity | Number of Patient Board Members |
| Hispanic or Latino | |
| Non-Hispanic or Latino | |
| Unreported/Declined to Report | |
| Race | Number of Patient Board Members |
| Native Hawaiian | |
| Other Pacific Islanders | |
| Asian | |
| Black/African American | |
| American Indian/Alaska Native | |
| White | |
| More Than One Race | |
| Unreported/Declined to Report | |

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 organization/center, do the board members listed above represent a co-applicant board?

Yes No 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: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. 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 14-N39, Rockville, Maryland, 20857.



Instructions for Form 6A: Current Board Member Characteristics

The list of board members will be pre-populated for satellite applicants. **Update pre-populated information as appropriate.**¹ Public agencies 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 nine; maximum of 25). Do not list non-voting board members (e.g., PD/CEO, advisory board members).
- List each board member's board office position held, if applicable (e.g., Chair, Treasurer) and area of expertise (e.g., finance, education, nursing).
- Indicate if each board member derives more than 10 percent of income from the health care industry.
- Indicate if each board member is a health center patient. For the purposes of board composition only, a patient is an individual who has 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 families, residents of public housing).
- Indicate gender, ethnicity, and race of board members who are patients of the health center.

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 (see below), you must list your board members, NOT the members of any advisory council.

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