



# Form 6A: Current Board Member Characteristics

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

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS</b>	<b>FOR HRSA USE ONLY</b>	
	Grant Number	Application Tracking Number

**Note:** The list of Board Members will pre-populate for competing continuation and supplement applicants.

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)

<b>PATIENT BOARD MEMBER CLASSIFICATION</b>	
<b>Gender</b>	<b>Number of Patient Board Members</b>
Male	
Female	
Unreported/Declined to Report	
<b>Ethnicity</b>	<b>Number of Patient Board Members</b>
Hispanic or Latino	
Non-Hispanic or Latino	
Unreported/Declined to Report	
<b>Race</b>	<b>Number of Patient Board Members</b>
Native Hawaiian	
Other Pacific Islanders	
Asian	
Black/African American	
American Indian/Alaska Native	
White	
More Than One Race	
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.

<b>If the applicant is a public organization/center, do the board members listed above represent a co-applicant board?</b>		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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 14N-39, Rockville, Maryland, 20857.

## Instructions

The list of board members will be pre-populated for competing continuation and competing supplement applicants. **Update pre-populated information as appropriate.**<sup>1</sup> 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 25). Do not list non-voting board members (e.g., 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 families, residents of public housing).
- Indicate the total 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, you must list your board members, NOT the members of any advisory council.

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