



# \* Form 6B: Request for Waiver of Board Member Requirements

OMB No.: 0915-0285. Expiration Date: 3/31/2023

| <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b><br><b>Health Resources and Services Administration</b><br><br><b>FORM 6B: REQUEST FOR WAIVER OF BOARD MEMBER REQUIREMENTS</b> | <b>FOR HRSA USE ONLY</b> |                                    |
|--|--------------------------|------------------------------------|
|  | <b>Grant Number</b>      | <b>Application Tracking Number</b> |
|  |                          |                                    |

Note: This form is applicable if you are proposing to serve only special populations (i.e., HCH, MHC, and/or PHPC).

### Request for Waiver

Name of Organization

Will pre-populate in EHBs

#### 1. New Waiver Request

Are you requesting a new waiver of the 51% patient majority governance requirement?

Yes  No

#### 2. For Applicants with Previous Waiver

2a. Do you currently have a waiver of the 51% patient majority governance requirement?

Yes  No

2b. Are you requesting the patient majority waiver to be continued?

Yes  No

(This question is required if you answered yes to question 2a.)

(Governing board is in full compliance)

#### 3. Demonstration of Good Cause for Waiver

(Demonstrate good cause for the waiver request by addressing the following areas.)

3a. Provide a description of the population to be served and the characteristics of the population/service area that would necessitate a waiver.

This question is required if you answered 'Yes' to question 1 and/or question 2b.)

(maximum 1,000 characters)

3b. Provide a description of the health center's attempts to meet the requirement to date and explain why these attempts have not been successful.

This question is required if you answered 'Yes' to question 1 and/or question 2b.)

(maximum 1,000 characters)

#### 4. Alternative Mechanism Plan for Addressing Patient Representation

Present a plan for complying with the intent of the statute via an alternative mechanism that ensures patient input and participation in the organization, as well as direction and ongoing governance of the health center.

(This question is required if you answered 'Yes' to question 1 and/or question 2b.)

(maximum 1,000 characters)

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](mailto:paperwork@hrsa.gov).

#### Instructions

**New applicants:** You may use this form to request a waiver of the patient majority board composition requirement if you are requesting funding to serve only special populations on the SF-424A (i.e., you are not requesting Community Health Center (CHC) funding).

**Competing continuation and competing supplement applicants:** You may use this form to request a waiver of the patient majority board composition requirement if you currently receive and are requesting funding to serve only special populations on the SF-424A. In other words, if you currently receive or are applying to receive CHC funding, you are not eligible for a waiver and cannot enter information on this form.

Indian tribes or tribal, Indian, or urban Indian groups are not required to complete this form and cannot enter information.

If you are a competing continuation applicant that wishes to continue an existing waiver, or a new applicant that wishes to request a waiver of the 51 percent patient majority board composition requirement, you must complete this form. Present a “good cause” justification describing the need for a waiver of the patient majority board composition requirement, including:

- The unique characteristics of the special population in the proposed service area that create an undue hardship in recruiting a patient majority.
- Attempts to recruit a majority of special population board members within the last 3 years and why these attempts have not been successful.
- Strategies that will ensure patient participation and input in the direction and ongoing governance of the organization by addressing the following:
  - Collection and documentation of input from the special population(s).
  - Communication of special population(s) input directly to the health center governing board.

Incorporation of special population(s) input into key areas, including but not limited to: selecting health center services; setting hours of operation of health center sites; defining budget priorities; evaluating the organization’s progress in meeting goals, including patient satisfaction; and assessing the effectiveness of the sliding fee discount program.