



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

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| <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b><br><b>Health Resources and Services Administration</b><br><br><b>FORM 8: HEALTH CENTER AGREEMENTS</b>  | <b>FOR HRSA USE ONLY</b>  |                                    |
|   | <b>LAL Number</b>   | <b>Application Tracking Number</b> |
| <p><b>Note:</b> Look-alikes must be independently owned, controlled, and operated. If a look-alike wishes to enter into an agreement/arrangement after designation 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 EHB and approved by HRSA before the agreement/arrangement can be formalized and implemented.</p> |   |                                    |
| <b>PART I Health Center Agreements</b>  |   |                                    |
| 1. Does your organization have a parent, affiliate, or subsidiary organization?   | <input type="checkbox"/> Yes <input type="checkbox"/> No                            |                                    |
| 2. Do you currently have, or plan to utilize any contract or agreement with another organization to perform substantive programmatic work within the proposed scope of project? Contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers.  | <input type="checkbox"/> Yes <input type="checkbox"/> No                            |                                    |
| <p>Notes:</p> <ul style="list-style-type: none"> <li>Contracts or agreements with related organizations, such as a parent, affiliate, or subsidiary must be addressed in this form, including management agreements.</li> <li>The acquisition of supplies, materials, equipment, or general support services (e.g., janitorial services, contracts with individual providers) is not considered programmatic work.</li> </ul> <p>If Yes, indicate the number of each agreement in 2a and complete Part II.</p>                          |   |                                    |
| 2a. Number of contracts/agreements with another organization to perform substantive programmatic work within the proposed scope of project.   | ____ (number)   |                                    |
| <b>Part II: Attachments</b>   |   |                                    |
| <p>All contracts or agreements, including those which involve a parent, affiliate, or subsidiary organization referenced in Part I <b>must be uploaded in full</b>. Uploaded documents will NOT count against the page limit.</p>   |   |                                    |
| Affiliate/Contract Organization Name<br>(maximum 50 characters)   |   |                                    |
| Type of Agreement   | <input type="checkbox"/> Affiliation Agreement<br><input type="checkbox"/> 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](mailto:paperwork@hrsa.gov).