

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  REQUEST FOR WAIVER OF GOVERNANCE REQUIREMENTS	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number
For health centers that are seeking support for MHC, HCH, or PHPC Only as Necessary. REQUEST FOR WAIVERS WILL NOT BE GRANTED IF APPLICANT ALSO RECIEVES OR IS APPROVED FOR CHC FUNDING <sup>2</sup>		
Are you requesting a waiver of governance requirements?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
if Yes, answer all questions given below.		
Name of Organization:		
For applicants with previous waiver approval:		
Date of Original Governance Waiver Request		
Date of Waiver Approval by BPHC Director		
Date of Most Recent approval of Continuation of Waiver Request (if different)		
Nature of Items Currently Approved to be Waived	<input type="checkbox"/> 51 Percent User Majority <input type="checkbox"/> Monthly Meetings	
Are you requesting the waiver be continued?	<input type="checkbox"/> Yes (Complete next question) <input type="checkbox"/> No (Governing Board is in Full Compliance)	
If you answered 'Yes' to the previous question, is your waiver request based on arrangements that are different from your original request?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Explain progress made toward meeting full compliance?		
Nature of Items for New Waiver Request	<input type="checkbox"/> 51 Percent User Majority <input type="checkbox"/> Monthly Meetings <input type="checkbox"/> Other	
All Organizations Requesting Waiver		

Describe below the arrangements that are in place to assure appropriate user input and involvement is achieved, as well as plans for achieving compliance.

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 10-33, Rockville, Maryland, 20857.