				10	∕IB No.: 091	.5-0285. E	xpiration Date: XX/XX/20XX		
DEPARTMENT OF		FOR HRSA USE ONLY							
Health Resource FORM 6A: C	es and Services A CURRENT BOARD HARACTERISTIC	G	rant Number	Application Tracking Number					
Note: The list of Board Me	embers will pre-populat	te for competing supple	emental applicants	S.					
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 in Sei Are	vice Representative			
	F	PATIENT BOARD M	EMBER CLASS	SIFICATION					
		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					D. 11				
Nativa Havvaiian	Race			Number of	Patient E	Board IV	iembers		
Native Hawaiian Other Pacific Islanders									
Asian									
Black/African American									
American Indian/Alaska									
White	talivo								
More Than One Race									
Unreported/Declined to	Report								

Note: The question below 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.

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

Q	Yes	Q	No	Q	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 30 minutes 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.