

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 8: HEALTH CENTER AGREEMENTS	FOR HRSA USE ONLY	
	<u>Application Tracking Number Grant Number</u>	<u>Grant Number Application Tracking Number</u>
<p><u>Note: When a health center grantee wishes to establish an agreement/arrangement in the future 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.</u></p>		
<p>PART I Health Center Agreements</p>		
<p><u>1. Does your organization have a parent, affiliate, or subsidiary organization?</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>2. Do you have, or propose to make as part of this application any subawards to subrecipients and/or will you contract with another organization to carry out a substantial portion of the proposed scope of project? Contracts for a substantial portion of the award include contracting for the majority of core primary care services and/or contracting for the Chief Executive Officer (CEO), and/or the entire key management team inclusive of the CEO.</u></p> <p>NOTE:</p> <ul style="list-style-type: none"> • <u>Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must be addressed in this form.</u> • <u>This form excludes contracts for the acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers).</u> <p><u>If Yes, indicate the number of each agreement by type in 2a and/or 2b below and complete Part II. If No, Part II is Not Applicable.</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><u>2a. Number of contracts for a substantial portion of the proposed scope of project for any of the following: the majority of core primary care services and/or contracting for the CEO, and/or the entire key management team inclusive of the CEO.</u></p>	____ (number)	
<p><u>2b. Number of subrecipients that will carry out a substantial portion of the proposed scope of project via a subaward.</u></p>	____ (number)	
<p><u>2c. Total number of contracts and/or subawards for a substantial portion of the proposed scope of project.</u></p>	____ (number)	
<p>Part II: Attachments <u>All affiliations/contracts/subawards referenced in Part I must be uploaded in full. Uploaded documents will NOT count against the page limit.</u></p>		
<p><u>Affiliate/Contract/Subaward Organization Name (maximum 50 characters)</u></p>		
<p><u>Type of Agreement</u></p>	<input type="checkbox"/> <u>Affiliation Agreement</u> <input type="checkbox"/> <u>Subaward</u> <input type="checkbox"/> <u>Contract</u>	

PART I

1. Do you have, or propose to establish as part of this application, an agreement with another organization to carry out a substantial portion of the proposed scope of project?	<input type="checkbox"/> Yes- <input type="checkbox"/> No-
If Yes , indicate the number of each agreement type in 2a and/or 2b below and complete Parts II and III. If No , skip to Part II.	
2a. Contract for a substantial portion of the proposed scope of project for any of the following: core primary care providers, non-provider health center staff, Chief Medical Officer (CMO), or Chief Financial Officer (CFO).	___ (number)
2b. Memorandum of Understanding (MOU)/Agreement (MOA) for a substantial portion of the proposed scope of project via a sub-recipient/subaward arrangement.	___ (number)

PART II

1. Governance Checklist		
Does the health center affirm that the board exercises the authorities, legislative and regulatory mandated functions, and responsibilities listed below, without limitation or compromise due to an affiliation or agreement with another entity?	Yes	No
determines board composition	<input type="checkbox"/>	<input type="checkbox"/>
determines executive committee function and composition	<input type="checkbox"/>	<input type="checkbox"/>
selects board chairperson	<input type="checkbox"/>	<input type="checkbox"/>
selects board members	<input type="checkbox"/>	<input type="checkbox"/>
performs strategic planning	<input type="checkbox"/>	<input type="checkbox"/>
approves the center's annual budget	<input type="checkbox"/>	<input type="checkbox"/>
directly employs, selects/dismisses, and evaluates the CEO/Executive Director	<input type="checkbox"/>	<input type="checkbox"/>
adopts policies and procedures for personnel and financial management	<input type="checkbox"/>	<input type="checkbox"/>
establishes center priorities and allocates resources	<input type="checkbox"/>	<input type="checkbox"/>
establishes eligibility requirements for partial payment of services	<input type="checkbox"/>	<input type="checkbox"/>
provides for an independent audit	<input type="checkbox"/>	<input type="checkbox"/>
evaluates center activities	<input type="checkbox"/>	<input type="checkbox"/>
adopts center's health care policies, including scope and availability of services, location, hours of operation, and quality of care audit procedures	<input type="checkbox"/>	<input type="checkbox"/>
establishes a conflict of interest policy	<input type="checkbox"/>	<input type="checkbox"/>

PART III

If **Yes** was selected for Part I.1 or Part II.2, provide Organization Agreement Details for each organization with which you have an agreement/arrangement. All agreements/arrangements must be uploaded in full. Uploaded documents will NOT count against the page limit.

Organization Agreement Details

Organization Name

EIN

Physical Location Address

Explain the history of each agreement/arrangement that impacts the health center's governing board composition, authorities, functions, or responsibilities, (e.g., why it was entered into, how it has changed over time). If not applicable for this organization, write "n/a".

Upload all agreements with this organization.

Note: When a health center grantee wishes to establish an agreement/arrangement in the future 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.

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~~45 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-3910-33~~, Rockville, Maryland, 20857.