

## Form 8 – Health Center Agreements

OMB No.: 0915-0285. Expiration Date: XX/XX/20XX

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>Form 8: HEALTH CENTER AGREEMENTS</b>	<b>FOR HRSA USE ONLY</b>	
	Grant Number	Application Tracking Number
<p>Note: When a health center award recipient 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.</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 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.  <b>NOTE:</b> <ul style="list-style-type: none"> <li>Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must be addressed in this form.</li> <li>This form excludes contracts for the acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers).</li> </ul> If <b>Yes</b> , indicate the number of each agreement by type in 2a and/or 2b below and complete Part II. If <b>No</b> , <b>Part II is Not Applicable</b> .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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.	___ (number)	
2b. Number of subrecipients that will carry out a substantial portion of the proposed scope of project via a subaward.	___ (number)	
2c. Total number of contracts and/or subawards for a substantial portion of the proposed scope of project.	___ (number)	
<b>Part II: Attachments</b>		
All affiliations/contracts/subawards referenced in Part I <b>must be uploaded in full</b> . Uploaded documents will NOT count against the page limit.		
Affiliate/Contract/Subaward Organization Name (maximum 50 characters)		
Type of Agreement	<input type="checkbox"/> Affiliation Agreement <input type="checkbox"/> Subaward <input type="checkbox"/> Contract	

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 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-39, Rockville, Maryland, 20857.