

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS				FOR HRSA USE ONLY		
				Grant Number	Application Tracking Number	
Note: The list of Board Members will pre-populate for competing continuation and competing supplement applicants.						
Name	Current Board Office Position Held	Area of Expertise	>10% of Income from Health Industry	Health Center Patient	Live or Work in Service Area	Special Population Representative (If yes, specify Special Population)
PATIENT BOARD MEMBER CLASSIFICATION						
Gender			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 Report						
Race			Number of Patient Board Members			
Native Hawaiian						
Other Pacific Islanders						
Asian						
Black/African American						
American Indian/Alaska Native						
White						
More Than One Race						
Unreported/Declined to Report						
Note: This section 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?						
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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: 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 XX/XX/XXXX. 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.