

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS</b>				<b>FOR HRSA USE ONLY</b>		
				Grant Number	Application Tracking Number	
<b>Note:</b> 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)
<b>PATIENT BOARD MEMBER CLASSIFICATION</b>						
<b>Gender</b>			<b>Number of Patient Board Members</b>			
Male						
Female						
Unreported/Declined to Report						
<b>Ethnicity</b>			<b>Number of Patient Board Members</b>			
Hispanic or Latino						
Non-Hispanic or Latino						
Unreported/Declined to Report						
<b>Race</b>			<b>Number of Patient Board Members</b>			
Native Hawaiian						
Other Pacific Islanders						
Asian						
Black/African American						
American Indian/Alaska Native						
White						
More Than One Race						
Unreported/Declined to Report						
<b>Note:</b> 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.						
<b>If the applicant is a public organization/center, do the board members listed above represent a co-applicant board?</b>						
<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. . [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) HYPERLINK  
["https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork@hrsa.gov"](https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork@hrsa.gov) [42 U.S.C. 254b](#) HYPERLINK  
["http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim"](http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim)